



# **DUGless Portal Guide**

**Version 2.0  
Effective October 1, 2018  
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**Division of Health Care Management (DHCM)  
Data Analysis and Research (DAR)**

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## I. Introduction

### Purpose

The DUGless Portal Guide (DPG) serves as a procedures manual which outlines the requirements, definitions, and values for submission of the identified data elements. Required information is collected by providers within the Arizona Health Care Cost Containment System (AHCCCS) system and submitted via the DPG. Data and information are recorded and reported to Managed Care Organizations (MCO's), Regional Behavioral Health Authorities (RBHAs), and Tribal Regional Behavioral Health Authorities (TRBHAs), to assist in monitoring and tracking of the following:

- Access and utilization of services
- Community and stakeholder information
- Compliance of Federal, State, and grant requirements
- Health disparities and inequities
- Member summaries and outcomes
- Quality and Medical Management activities
- Social Determinants of Health

The data fields contained within the DPG are required as outlined by contracts and to support healthcare management practices across the AHCCCS systems. The DPG will not contain will not include any data previously submitted through the former DUG system.

### Scope of Members to be Reported

The scope of Members' data to be submitted is for any Members for whom the data applies to and is collected by the provider. MCOs, RBHAs, and TRBHAs may provide additional support and recommendations on information submitted.

### Timeframes for Data Submission

Data is to be submitted for all new Members and when the Member's data changes and/or is updated (i.e. a Member's employment status changed from full-time to part-time employment).

### Data Submission Options

The portal has two options for providers to submit data, by individual Member (single case, page 9) or by multiple Members in a text file (file upload, page 10). Data may be submitted through either one of these options, not both.

### Substance Use Disorder Data – Member Consent

Per HIPAA Part 2 requirements, a signed consent form is required to be uploaded to the portal for each member, per provider, and before SUD data (Fields 21 thru 32) is submitted for any member. (See section [VII.](#))

### Data Distribution

Data submitted through the portal may be shared with MCOs, RBHAs, and TRBHAs, as applicable, and other internal/external data requests, as appropriate.

## Provider Data Management Vendors

In the event that a provider will utilize a vendor to assist with the capture and submission of portal data, the vendor will not be able (at this time) to upload text files or single cases directly and must prepare text files on behalf of providers which will then be uploaded by the individual provider to the portal.

## Contacts

Any questions about the portal or the data fields in the portal should be submitted to DHCM/DAR Information Management/Data Analytics Unit (IMDAU) Manager, Angela Aguayo at [Angela.Aguayo@azahcccs.gov](mailto:Angela.Aguayo@azahcccs.gov) and should also include Lori Petre ([Lori.Petre@azahcccs.gov](mailto:Lori.Petre@azahcccs.gov)), Data Analysis and Research Manager for DHCM/DAR. If there are any technical issues with the portal contact Customer Support at either [SDCustomerSupport@azahcccs.gov](mailto:SDCustomerSupport@azahcccs.gov) or 602-417-4451.

## Guide Updates and Revisions

This document serves as a document of reference and will be updated to ensure consistency of changes within the portal. Revisions to this document are tracked and listed at the end of this document.

## Interactive Reference

This document is an interactive reference PDF (Portable Document Format) document. The Table of Contents contains links to the specific data fields and sections within the DPG for the corresponding data elements/fields. This allows for a quick single-click reference to the key sections located throughout the DPG. [Hyperlinks](#) are displayed with a blue underlined font.

## Portal Data Fields Layout Descriptions

All data submitted via the portal is identified by a field number and a field name. Data fields and names include subsections: field labels, descriptions, valid values, rules and definitions, updates, and examples to assist in submission of data elements and consistency of data; further explanation is provided within the following sections.

Sub-Section	Description
<b>Field Label</b>	Label utilized for data submission within the DUGless Portal.
<b>Description</b>	Describes the data field with a brief definition and/or description of the population specifics.
<b>Valid Values</b>	A list of all current valid values.
<b>Rules and Definitions</b>	Defines valid values, when applicable and any other applicable rules and/or data validations.
<b>Updates</b>	Provides a list of history, updates, and revisions based on manual editions.
<b>Examples</b>	Describes one or more situations and the valid value(s) used in the situation(s). Bolded areas are examples of the data submission.

## II. Portal Registration

### Portal Registration

The following information is required in order to register to the portal:

National Provider Identifier (NPI) **OR** AHCCCS Provider ID  
**AND**  
 Tax Identification Number (TIN)

#### Master Account vs. Individual Accounts

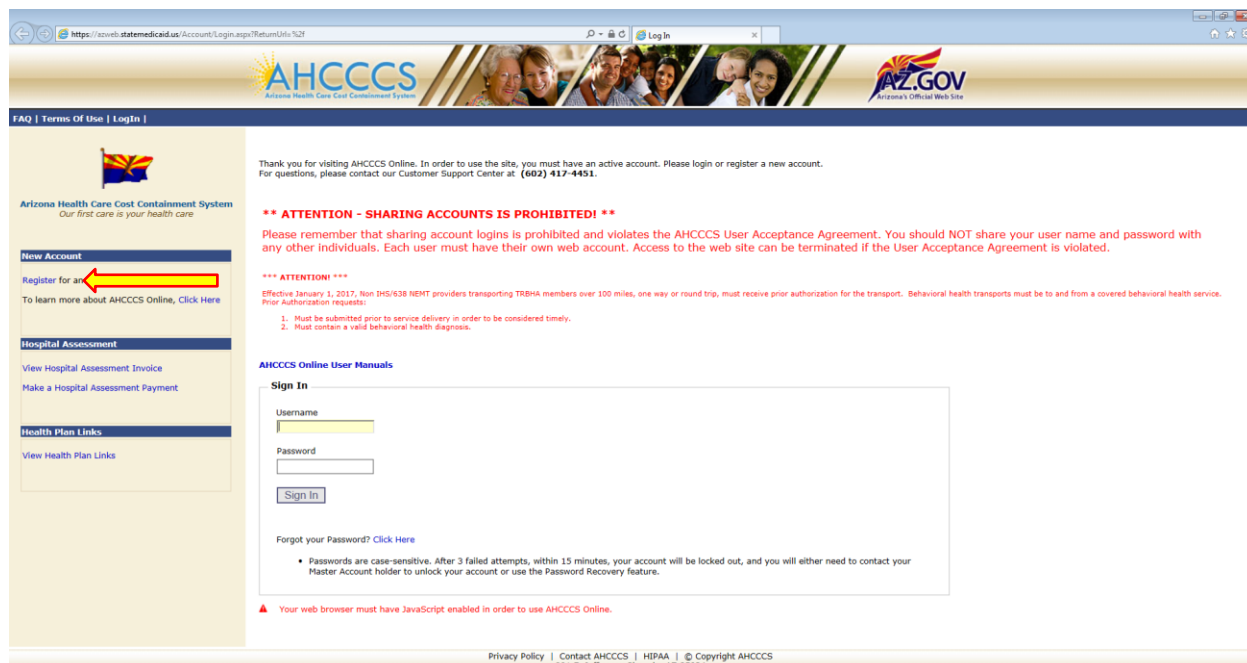
There are two types of accounts that can be created for the AHCCCS Online portal website, Master Accounts and Individual Accounts. A Master Account is the administrator for all accounts created under their Provider ID. This includes activating new accounts, removing accounts for those no longer working for the organization, maintaining site privileges for each user, initiating the password recovery process, and maintaining some of the account information for the Individual accounts. Please contact AHCCCS Provider Registration at 602-417-7670 *Option 5* for questions concerning provider group affiliation.

The first account registered for the Provider/Agency will be the Master Account holder. For more detailed information regarding Master Accounts see AHCCCS Online Learn More or visit the [website](#).

**If the Provider/Agency already has a Master Account, additional users may register for an Individual Account. When an Individual Account is created, the Master Account holder for the Provider/Agency will receive an email to approve the account and they will need to grant individual access to the Supplemental Member Data (DUGless Portal)**

**Step 1:** Go to the following website: <https://azweb.statemedicaid.us>

Click on the '[Register](#)' link, under the 'New Account' section, on the left hand side of the website



Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at (602) 417-4451.

**\*\* ATTENTION - SHARING ACCOUNTS IS PROHIBITED! \*\***

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

**\*\*\* ATTENTION! \*\*\***

Effective January 1, 2017, Non DHS/538 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requires:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

**AHCCCS Online User Manuals**

**Sign In**

Username  
 Password  
 Sign In

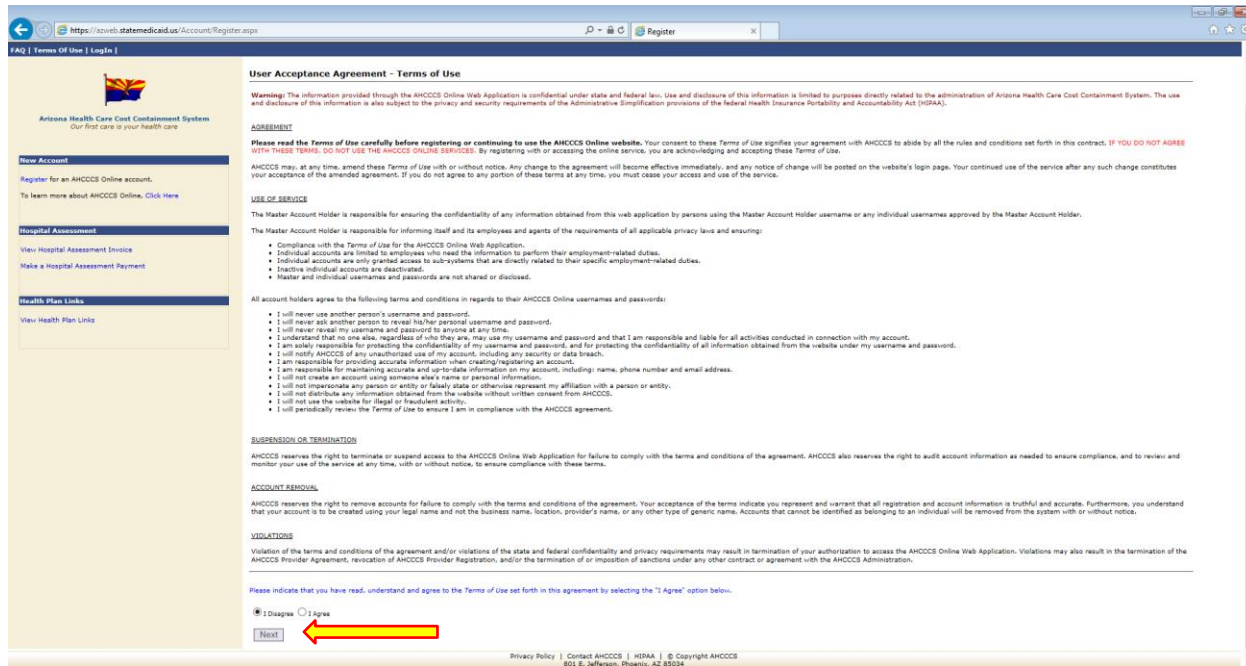
Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

▲ Your web browser must have JavaScript enabled in order to use AHCCCS Online.

Privacy Policy | Contact AHCCCS | HIPAA | © Copyright AHCCCS  
 801 E. Jefferson, Phoenix, AZ 85034

**Step 2:** To proceed with the registration, please read the **User Acceptance Agreement - Terms of Use** and accept the agreement by selecting 'I agree' and click on 'Next'



**User Acceptance Agreement - Terms of Use**

**Warning:** The information provided through the AHCCCS Online Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (HIPAA).

**AGREEMENT**

Please read the Terms of Use carefully before registering or continuing to use the AHCCCS Online website. Your consent to these Terms of Use signifies your agreement with AHCCCS to abide by all the rules and conditions set forth in this contract. **IF YOU DO NOT AGREE WITH THESE TERMS, DO NOT USE THE AHCCCS ONLINE SERVICES.** By registering with or accessing the online service, you are acknowledging and accepting these Terms of Use.

AHCCCS may, at any time, amend these Terms of Use with or without notice. Any change to the agreement will become effective immediately, and any notice of change will be posted on the website's login page. Your continued use of the service after any such change constitutes your acceptance of the amended agreement. If you do not agree to any portion of these terms at any time, you must cease your access and use of the service.

**USE OF SERVICE**

The Master Account holder is responsible for ensuring the confidentiality of any information obtained from this web application by persons using the Master Account holder username or any individual usernames approved by the Master Account Holder.

The Master Account holder is responsible for informing itself and its employees and agents of the requirements of all applicable privacy laws and ensuring:

- Compliance with the Terms of Use for the AHCCCS Online Web Application.
- Individual accounts are limited to employees who need the information to perform their employment-related duties.
- Individual accounts are only granted access to sub-systems that are directly related to their specific employment-related duties.
- Inactive individual accounts are deactivated.
- Master and individual usernames and passwords are not shared or disclosed.

All account holders agree to the following terms and conditions in regards to their AHCCCS Online usernames and passwords:

- I will never use another person's username and password.
- I will never reveal my username and password to anyone at any time.
- I understand that no one else, regardless of who they are, may use my username and password and that I am responsible and liable for all activities conducted in connection with my account.
- I am solely responsible for protecting the confidentiality of my username and password, and for protecting the confidentiality of all information obtained from the website under my username and password.
- I will notify AHCCCS of any unauthorized use of my account, including any security or data breach.
- I am responsible for providing accurate information when creating/registering an account.
- I am responsible for maintaining accurate and up-to-date information on my account, including: name, phone number and email address.
- I will not create an account using someone else's name or personal information.
- I will not impersonate any person or entity or falsely state or otherwise represent my affiliation with a person or entity.
- I will not distribute any information obtained from the website without written consent from AHCCCS.
- I will not use the website for illegal or fraudulent activity.
- I will periodically review the Terms of Use to ensure I am in compliance with the AHCCCS agreement.

**SUSPENSION OR TERMINATION**

AHCCCS reserves the right to terminate or suspend access to the AHCCCS Online Web Application for failure to comply with the terms and conditions of the agreement. AHCCCS also reserves the right to audit account information as needed to ensure compliance, and to review and monitor your use of the service at any time, with or without notice, to ensure compliance with these terms.

**ACCOUNT REMOVAL**

AHCCCS reserves the right to remove accounts for failure to comply with the terms and conditions of the agreement. Your acceptance of the terms indicate you represent and warrant that all registration and account information is truthful and accurate. Furthermore, you understand that your account is to be created using your legal name and not the business name, location, provider's name, or any other type of generic name. Accounts that cannot be identified as belonging to an individual will be removed from the system with or without notice.

**VIOLATIONS**

Violation of the terms and conditions of the agreement and/or violations of the state and federal confidentiality and privacy requirements may result in termination of your authorization to access the AHCCCS Online Web Application. Violations may also result in the termination of the AHCCCS Provider Agreement, revocation of AHCCCS Provider Registration, and/or the termination of or imposition of sanctions under any other contract or agreement with the AHCCCS Administration.

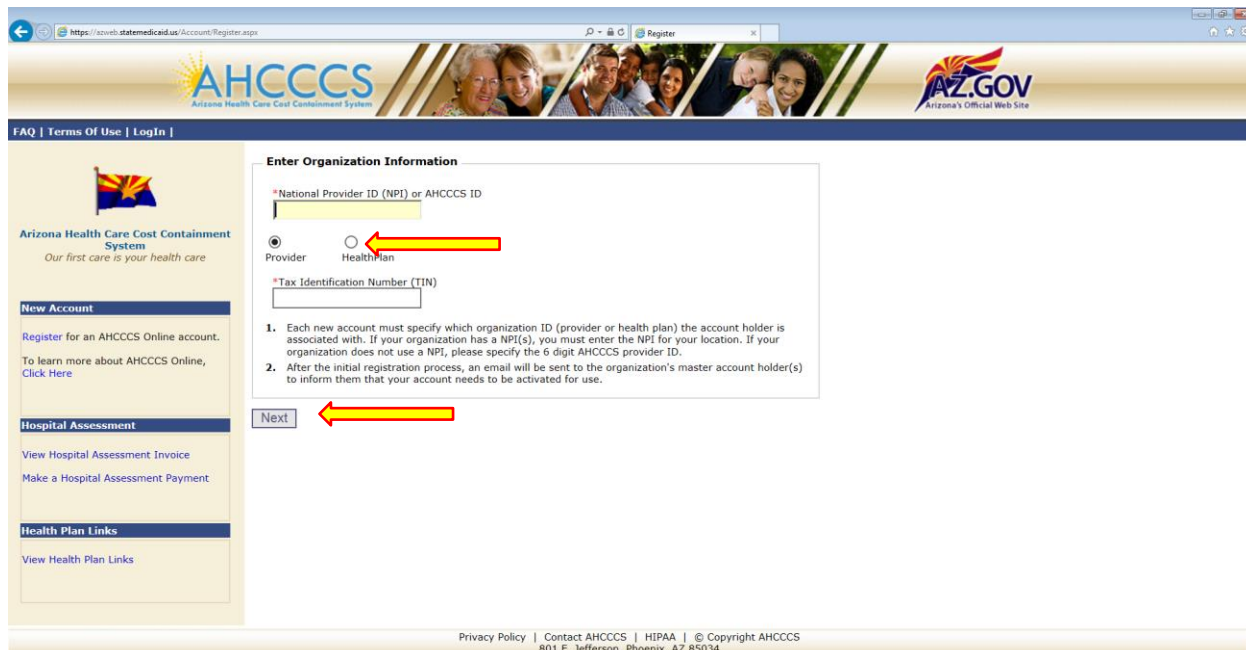
Please indicate that you have read, understand and agree to the Terms of Use set forth in this agreement by selecting the "I Agree" option below.

☒ I Disagree ☐ I Agree

**Next**

**Step 3:** Next enter the provider NPI or AHCCCS Provider ID\* AND TIN. Make sure 'Provider' is selected under the ID, click 'Next'

**NOTE:** If your Provider ID is associated to more than one NPI, you must use your NPI



**Enter Organization Information**

\*National Provider ID (NPI) or AHCCCS ID

☒ Provider ☐ Health Plan

\*Tax Identification Number (TIN)

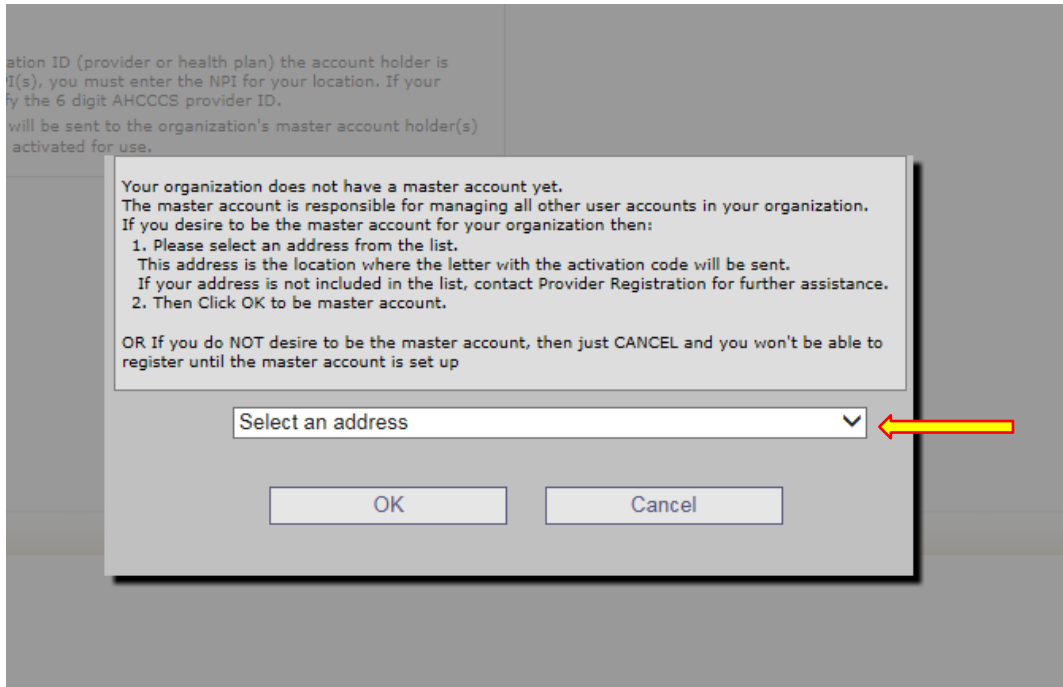
1. Each new account must specify which organization ID (provider or health plan) the account holder is associated with. If your organization has a NPI(s), you must enter the NPI for your location. If your organization does not use a NPI, please specify the 6 digit AHCCCS provider ID.

2. After the initial registration process, an email will be sent to the organization's master account holder(s) to inform them that your account needs to be activated for use.

**Next**



If your organization does not have a Master Account, you will receive the following message:



Your organization does not have a master account yet. The master account is responsible for managing all other user accounts in your organization. If you desire to be the master account for your organization then:

1. Please select an address from the list. This address is the location where the letter with the activation code will be sent. If your address is not included in the list, contact Provider Registration for further assistance.
2. Then Click OK to be master account.

OR If you do NOT desire to be the master account, then just CANCEL and you won't be able to register until the master account is set up

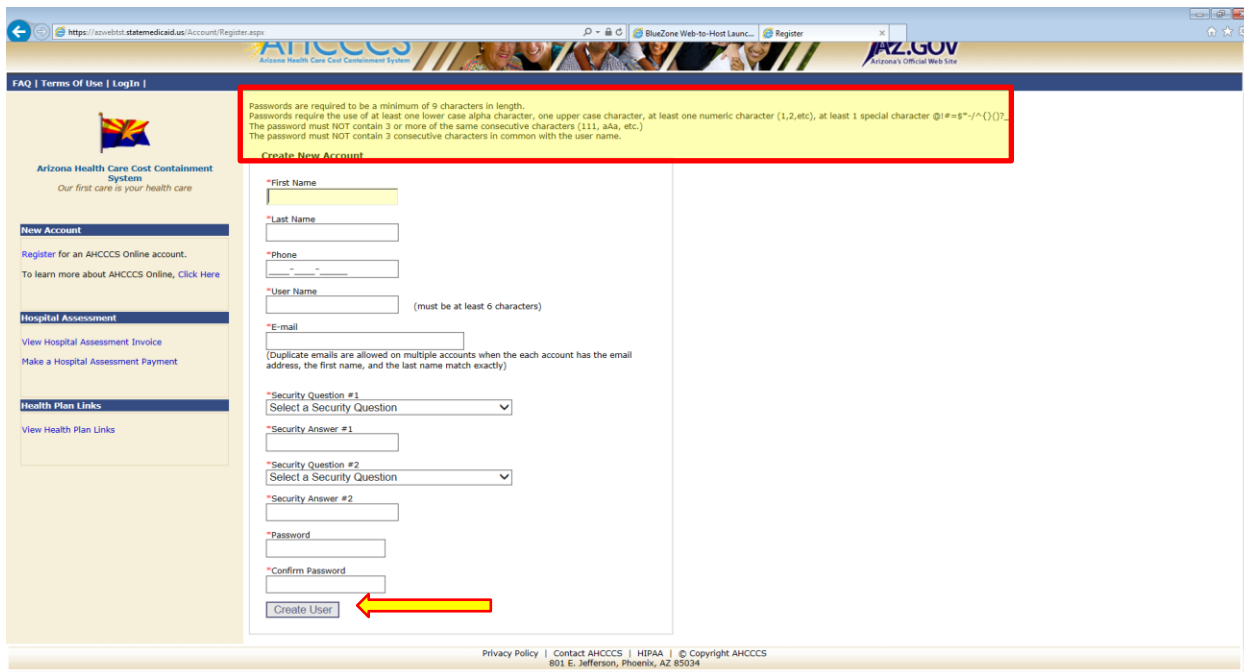
Select an address ▼

OK Cancel

Either select an address to continue and create a Master Account OR Select Cancel and suspend the registration process

**Step 4:** Complete the user information, select two security questions, and create a password to create the new account, and then click 'Create User'

**NOTE:** The password requirements are located on top of the webpage:



https://acweb001.statemedicaid.us/account/register.aspx

**AHCCCS**  
Arizona Health Care Cost Containment System

FAQ | Terms Of Use | Login |

**Arizona Health Care Cost Containment System**  
Our first care is your health care

**New Account**  
Register for an AHCCCS Online account.  
To learn more about AHCCCS Online, Click Here

**Hospital Assessment**  
View Hospital Assessment Invoice  
Make a Hospital Assessment Payment

**Health Plan Links**  
View Health Plan Links

Passwords are required to be a minimum of 9 characters in length. Passwords require the use of at least one lower case character, one upper case character, at least one numeric character (1,2,etc), at least 1 special character @!#\$%^&\*(){}~. The password must NOT contain 3 or more of the same consecutive characters (111, aAa, etc.). The password must NOT contain 3 consecutive characters in common with the user name.

**Create New Account**

\*First Name

\*Last Name

\*Phone

\*User Name (must be at least 6 characters)

\*E-mail  
(Duplicate emails are allowed on multiple accounts when the each account has the email address, the first name, and the last name match exactly)

\*Security Question #1  
Select a Security Question

\*Security Answer #1

\*Security Question #2  
Select a Security Question

\*Security Answer #2

\*Password

\*Confirm Password

Create User

Privacy Policy | Contact AHCCCS | HIPAA | © Copyright AHCCCS  
801 E. Jefferson, Phoenix, AZ 85034

**Password Requirements:**

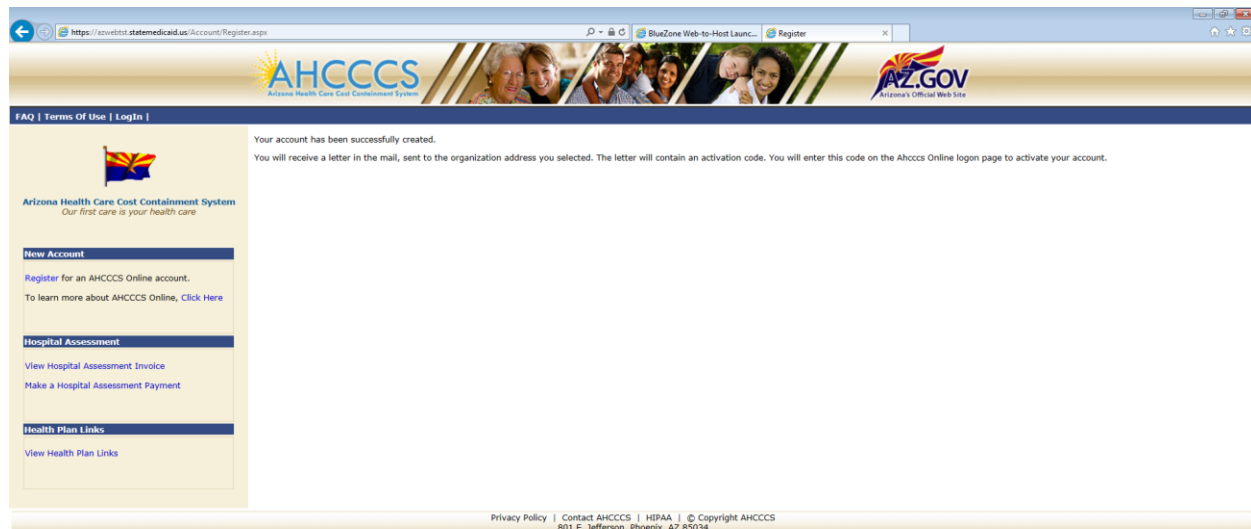
Passwords are required to be a minimum of 9 characters in length.

Passwords require the use of at least one lower case alpha character, one upper case character, at least one numeric character (1,2,etc), at least 1 special character @!#=\$\*-/^{ }()?\_

The password must NOT contain 3 or more of the same consecutive characters (111, aAa, etc.)

The password must NOT contain 3 consecutive characters in common with the user name.

**Step 5:** Once you have successfully completed the information requested, you will see the following page:



**Step 6:** You will receive a letter in the mail, sent to the organization address you selected. The letter will contain an activation code. You will enter this code on the portal login page to activate your account.

**Step 7:** After receiving the code in the mail enter user credentials and the activation code to activate Master Account, the next time you log into the portal.

Please also refer to 'Frequently Asked Questions' on the [website](#) for any additional registration and/or account questions and who to contact for any questions regarding the AHCCCS Online accounts.

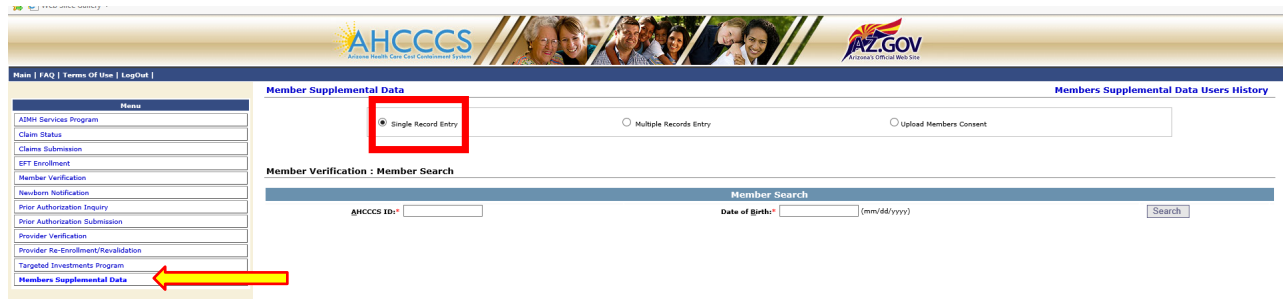
As a reminder, please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account and access to the web site can be terminated if the User Acceptance Agreement is violated.



### III. Guidelines for Single Case Data Submissions

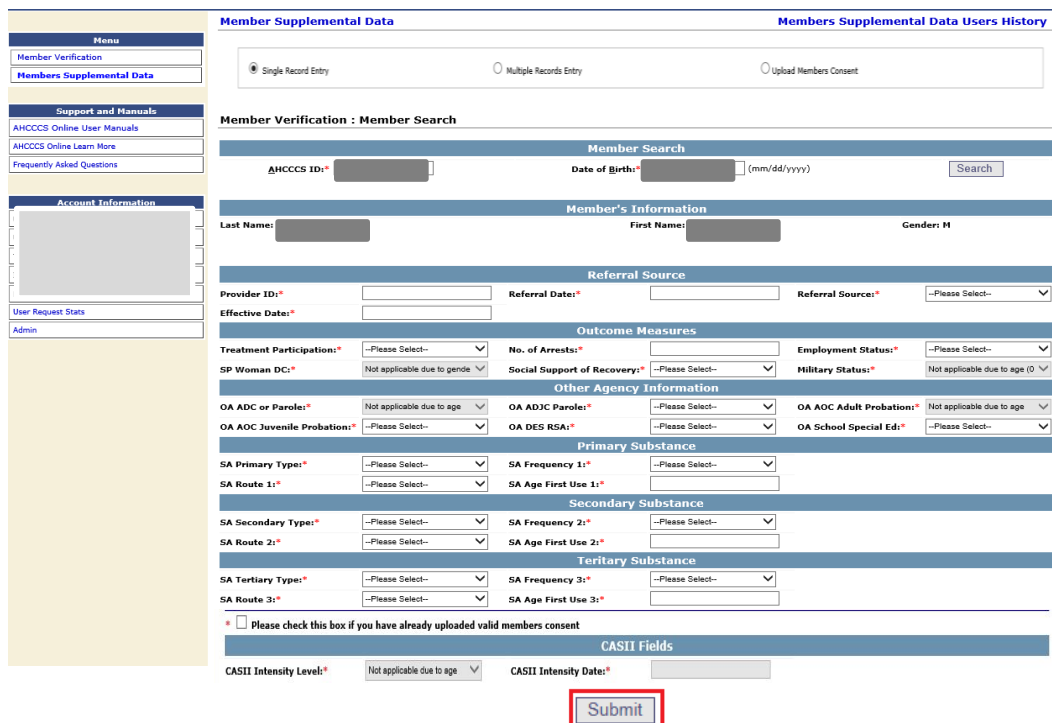
#### Single Case Submissions

Providers may submit DUGless data for individual Members through the AHCCCS Online Main Screen, under 'Member Supplemental Data' and selecting the 'Single Entry Record' option in the portal.



The Member's AHCCCS ID **AND** Date of Birth are required in order to submit single case data. Once the Member is identified in the system as active, the appropriate data fields are auto-populated based on the Member's age and gender.

Once the data fields are completed, providers must click on the 'Submit' button on the bottom on the page. A message will appear on the screen to indicate the data was successfully recorded. If there are any errors with the data, an error message will appear. Any data that receives an error message will not be saved in our system and will need to be re-submitted. For details on Substance Use Disorder data consent, see section [VII](#).

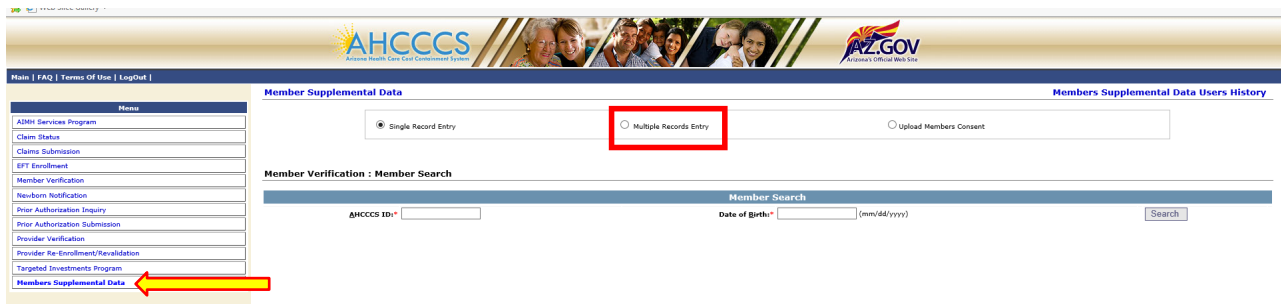


Successfully Recorded

### IV. Guidelines for File Upload Submissions

#### File Format and Name

Providers may submit data records on various Members by uploading a file through the AHCCCS Online Main Screen, under 'Member Supplemental Data' and selecting the 'Multiple Records Entry' option in the portal. The file must be in a plain text format with fixed length values, as detailed in File Layout Table below (page 12), and a **file size limit of 10 MB**. Providers may submit data on Members from any Provider IDs, as long as ID is active in our system.



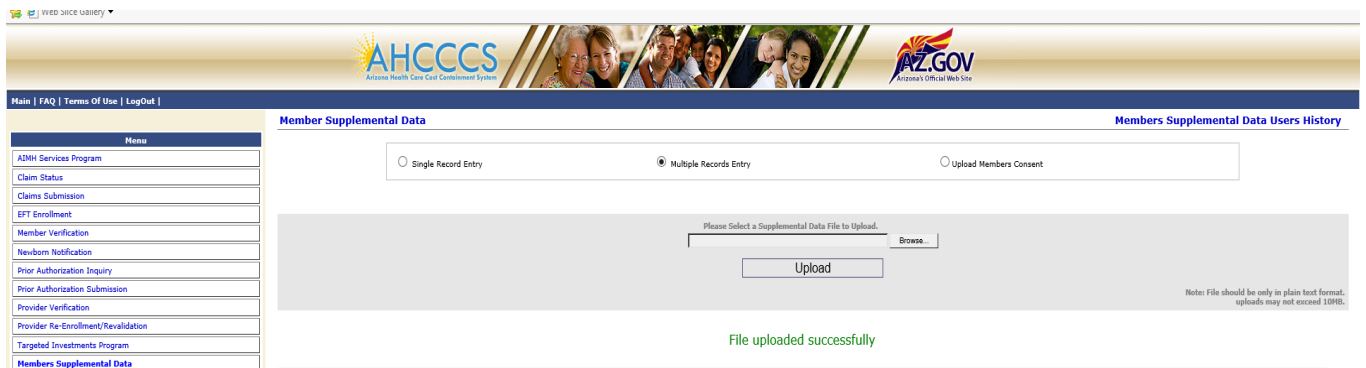
The following standards should be used for all file names:

- MMDDCCYY of submission
- Provider ID the user registered with, regardless of Provider IDs included in the file
- 3 digit sequence number (in the event of multiple files in a single day)

For example, 1001201811111001.txt

#### File Submission Results

When data is submitted, a summary of the results of the processed file will be displayed. If there are errors, reason of record rejection will be specified next to that line number and AHCCCS ID, in red. To correct errors, a new file will need to be submitted. The error detail list can be uploaded to Excel. Any data that receives an error message will not be saved in our system and will need to be re-submitted. For details on Substance Use Disorder data consent, see section [VII](#).



## DUGless Portal Guide

### Member Supplemental Data

☒ Single Record Entry

☐ Multiple Records Entry

☐ Upload Members Consent

Please Select a Supplemental Data File to Upload.

Browse...

Total number of lines: 1

Upload

 Note: File should be only in plain text format.  
 uploads may not exceed 10MB.

No of lines successfully inserted : 0

Export To Excel

Line Number	Error Detail
Line 1 , AHCCCS IDA( ,Date Of Birth: , Provider ID:	Either Provider ID is not Active or not found.
Line 1 , AHCCCS IDA( ,Date Of Birth: , Provider ID:	Referral date is not in right format.
Line 1 , AHCCCS IDA( ,Date Of Birth: , Provider ID:	Referral source is not in right format.
Line 1 , AHCCCS IDA( ,Date Of Birth: , Provider ID:	Member not found.
Line 1 , AHCCCS IDA( ,Date Of Birth: , Provider ID:	Error found in CASII Intensity Date.
Line 1 , AHCCCS IDA( ,Date Of Birth: , Provider ID:	Error found in SA values.

Records processed: ###

Records accepted: ###

Records rejected: ###

Rejection Details:

Line: ### AHCCCS ID: ### DOB: ### Provider ID: ### Error Detail: &lt;reason for record rejection&gt;

#### Possible Rejection Reasons:

- Invalid AHCCCS ID
- Invalid Date Format
- Member Not Found
- Value Not Applicable to the Field
- Value Out of Range
- Value Not applicable for Member Age
- Value Not Applicable for Member Gender
- Substance Use Data cannot be submitted without member's consent

### File Upload Example

174288A 20916201909020320191027V00YXYXYX24X1AXX 020121010001160000011600Y

## File Layout Table for File Upload (Multiple Records Entry)

Field Label	Data Type	Length	Start	End
PROVIDER_ID	varchar	6	1	6
AHCCCS_ID	varchar	9	7	15
DOB (YYYYMMDD)	datetime	8	16	23
REFERRAL_DATE (YYYYMMDD)	datetime	8	24	31
REFERRAL_SOURCE	varchar	2	32	33
EFFECTIVE_DATE (YYYYMMDD)	datetime	8	34	41
TREATMENT_PARTICIPATION	varchar	1	42	42
NUMBER_OF_ARRESTS	tinyint	2	43	44
OA_ADC	varchar	1	45	45
OA_ADJC	varchar	1	46	46
OA_AOC_ADULT	varchar	1	47	47
OA_AOC_JUVENILE	varchar	1	48	48
OA_DES_RSA	varchar	1	49	49
OA_SCHOOL_SPECIAL_ED	varchar	1	50	50
EMPLOYMENT_STATUS	varchar	2	51	52
SP_WOMAN_DC	varchar	1	53	53
SUPPORT_GROUPS_PARTICIPATION	varchar	1	54	54
MILITARY_STATUS	varchar	1	55	55
CASII_INTENSITY_LEVEL	varchar	2	56	57
CASII_INTENSITY_DATE (YYYYMMDD)	datetime	8	58	65
SA_PRIMARY_TYPE	varchar	4	66	69
SA_FREQUENCY_1	varchar	1	70	70
SA_ROUTE_1	varchar	1	71	71
SA_AGE_1	tinyint	2	72	73
SA_SECONDARY_TYPE	varchar	4	74	77
SA_FREQUENCY_2	varchar	1	78	78
SA_ROUTE_2	varchar	1	79	79
SA_AGE_2	tinyint	2	80	81
SA_TERTIARY_TYPE	varchar	4	82	85
SA_FREQUENCY_3	varchar	1	86	86
SA_ROUTE_3	varchar	1	87	87
SA_AGE_3	tinyint	2	88	89
CONSENT_VALID	varchar	1	90	90

## V. Portal Data Fields

### 1. Provider ID

<b>Field Label</b>	Provider_ID
<b>Description</b>	Identifies the provider submitting the file
<b>Valid Values</b>	Valid AHCCCS Provider ID (6 characters)
<b>Rules and Definitions</b>	Required on all submissions/transactions
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The provider submitting the file is 111111. <b>Enter 111111</b>

### 2. AHCCCS ID

<b>Field Label</b>	AHCCCS_ID
<b>Description</b>	The unique identifier (ID) assigned by AHCCCS
<b>Valid Values</b>	A unique type 'A' AHCCCS ID.
<b>Rules and Definitions</b>	AHCCCS ID is required on all submissions/transactions. ID must match ID in PMMIS. Field will be a single text box with a maximum length of 9 characters. Verification will be implemented to ensure that entered values must start with an "A" and have eight digits for the rest of the field length.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	Enter Member's unique AHCCCS 'A' type ID assigned. <b>Enter A55555555</b>

### 3. Date of Birth (DOB)

<b>Field Label</b>	DOB
<b>Description</b>	The day the Member was born.
<b>Valid Values</b>	YYYYMMDD Format
<b>Rules and Definitions</b>	Required on all transactions, Cannot be a future date (after date of data submission). Must match DOB in PMMIS.
<b>Updates</b>	10/01/2018 Field added. 07/XX/2019 Field Edit.
<b>Examples</b>	Date is recorded as the 4-digit year, 2-digit month and 2-digit day. A Member's date of birth is March 9, 1943. <b>Enter 19430309</b>

#### 4. Referral Date

<b>Field Label</b>	Referral_Date
<b>Description</b>	The date when the provider received a referral for service. A referral includes an oral, written, faxed or electronic request for services made by the Member or on the Member's behalf.
<b>Valid Values</b>	YYYYMMDD Format
<b>Rules and Definitions</b>	The Referral Date should be equal to or less than date of data submission. The Referral Date should be equal to or less than the Member's first date of service/treatment.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	They receives a call on January 3, 2019, requesting services. <b>Enter 20190103</b>

#### 5. Referral Source

<b>Field Label</b>	Referral_Source
<b>Description</b>	Identifies the principle source of referral for a Member.
<b>Valid Values</b>	<div>           01 - Self/Family/Friend            03 - Other Behavioral Health Provider            05 - RBHA Customer Service            19 - Federal Agency                (VA, IHS, Federal Prison, etc.)            35 - AHCCCS Health Plan and/or PCP            36 - DCS Urgent Response (child only)         </div> <div>           37 - Community agency other than Behavioral Health Provider                (homeless shelter, church, employer)            38 - Arizona Department of Economic Security (ADES) or Tribal                Social Services (Adult or other non-urgent DCS referral, DDD,                RSA)            39 - Arizona Department of Education (ADE) or Tribal Schools            40 - Criminal justice/correctional (includes AOC-Probation, ADOC,                ADJC, Jail, including Tribal)            41 - Other         </div>
<b>Rules and Definitions</b>	Data should only be collected beginning of services/treatment.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	A referral is received from the Department of Child Safety (DCS) for an urgent response to provide behavioral health services to a child removed from the home. <b>Enter 36</b>

6. Effective Date	
<b>Field Label</b>	EFFECTIVE_DATE
<b>Description</b>	Refers to the effective date of any new, addition, and/or change to a members' data/record.
<b>Valid Values</b>	YYYYMMDD Format
<b>Rules and Definitions</b>	Required on all transactions Cannot be a future date (after date of data submission).
<b>Updates</b>	06/27/2019 Field added to Single Case Data Submissions. 02/01/2020 Field added to File Upload Submissions.
<b>Examples</b>	A member started a part-time job requiring a change in Employment Status field on January 3, 2019. <b>Enter 20190103</b>

7. Treatment Participation	
<b>Field Label</b>	TREATMENT_PARTICIPATION
<b>Description</b>	Refers to the presence of a court order or conditions of parole/probation pertaining to the delivery of Behavioral Health services.
<b>Valid Values</b>	V - Voluntary C - Involuntary – Criminal; DUI or conditions of parole/probation N - Involuntary – Civil: MH court order, Drug court
<b>Rules and Definitions</b>	<p><b>Voluntary</b> participation is when a Member (or a parent/guardian, if applicable) is applying for or receiving services voluntarily.</p> <p><b>Involuntary – Criminal; DUI/ Drug Court /condition of parole/probation</b> is when a Member applies for/receives services as a result of criminal court ordered treatment OR when a Member applies for/receives services as a result of a court ordered DUI screening, education or treatment.</p> <p><b>Involuntary - Civil/MH Court Order</b> is when a Member applies for/receives services as a result of Title 36 proceedings for a court ordered evaluation (COE) or court ordered treatment (COT)</p>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member walked in and requested services on their own accord. <b>Enter V</b>



8. Number of Arrests	
<b>Field Label</b>	NUMBER_OF_ARRESTS
<b>Description</b>	The number of times the Member has been arrested within the last 30 days.
<b>Valid Values</b>	00 - 31
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional. Any arrest that occurred within the last 30 days from the date of service. Field will be single line text box with maximum length of 2 characters.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member has been arrested once during the last 30 days. <b>Enter 01</b>

9. Arizona Department of Corrections (ADC) or Parole	
<b>Field Label</b>	OA_ADC
<b>Description</b>	<b>Age 18 and Older Only.</b> Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 18 and older, involved with the ADC or on parole?
<b>Valid Values</b>	Y - Yes N - No X - Not applicable due to age
<b>Rules and Definitions</b>	If Member's age is 0-17 years old, then 'X' is the only accepted value.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The adult Member is currently on parole with ADC. <b>Enter Y</b>

10. Arizona Department of Juvenile Corrections (ADJC)	
<b>Field Label</b>	OA_ADJC
<b>Description</b>	<b>Age 0 thru 17 Only.</b> Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 0 thru 17, involved with the ADJC?
<b>Valid Values</b>	Y - Yes N - No X - Not applicable due to age
<b>Rules and Definitions</b>	If Member's age is 18 years old or older, then 'X' is the only accepted value.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The youth Member is currently involved with ADJC. <b>Enter Y</b>

11. Adult Probation	
<b>Field Label</b>	OA_AOC_ADULT
<b>Description</b>	<b>Age 18 and Older Only.</b> Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 18 and older, on adult probation through the Administrative Office of the Courts (AOC)?
<b>Valid Values</b>	Y - Yes N - No X - Not applicable due to age
<b>Rules and Definitions</b>	If Member's age is 0-17 years old, then 'X' is the only accepted value.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The adult Member is currently on adult probation through AOC. <b>Enter Y</b>

12. Juvenile Probation	
<b>Field Label</b>	OA_AOC_JUVENILE
<b>Description</b>	<b>Age 0 thru 17 Only.</b> Refers to other agencies with a current and/or ongoing role with the Member. Is the Member, age 0 thru 17, on probation through the County Juvenile Probation Department?
<b>Valid Values</b>	Y - Yes N - No X - Not applicable due to age
<b>Rules and Definitions</b>	If Member's age is 18 years old or older, then 'X' is the only accepted value.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The youth Member is currently on juvenile probation through AOC. <b>Enter Y</b>

13. DES/RSA Involvement	
<b>Field Label</b>	OA_DES_RSA
<b>Description</b>	Refers to other agencies with a current and/or ongoing role with the Member. Is the Member involved with the Department of Economic Security (DES)/ Rehabilitative Services Administration (RSA)?
<b>Valid Values</b>	Y - Yes N - No
<b>Rules and Definitions</b>	-
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member is currently involved with DES/RSA. <b>Enter Y</b>

### 14. School Special Education

<b>Field Label</b>	OA_SCHOOL_SPECIAL_ED
<b>Description</b>	Refers to other agencies with a current and/or ongoing role with the Member. Is the Member receiving special education services through an Individualized Education Program (IEP) or accommodations through a 504 Accommodation Plan at their school?
<b>Valid Values</b>	Y - Yes N - No X - Not applicable due to age
<b>Rules and Definitions</b>	Member must be 3 years of age, but not more than 21 years old.  Refers to other agencies with a current and/or ongoing role with the Member. The Member is receiving special education services through an IEP at their school.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member is currently receiving special education services. <b>Enter Y</b> The Member is 22 years of age or older. <b>Enter X</b>

### 15. Employment Status

<b>Field Label</b>	EMPLOYMENT_STATUS
<b>Description</b>	The Member's current employment status.
<b>Valid Values</b>	XX - Not applicable due to age (<5 years old) 17 - Unpaid Rehabilitation Activity 20 - Student 24 - Competitively Employed Full-Time 25 - Competitively Employed Part-Time 28 - Other Employment 29 - Inactive in the Community 99 - Unknown
<b>Rules and Definitions</b>	<p><b>XX - Not Applicable Due to Age</b> Refers to members less than 5 years of age</p> <p><b>17 - Unpaid Rehabilitation Activity</b> Individuals engaging in any rehabilitation activity not already specified in one of the other categories (employed or student), including, but not limited to, work exploration, pre-vocational skill building groups and activities, community activities such as church groups, social skill building activities, mobility training, adjustment to disability training, volunteerism, seeking employment, etc.</p> <p><b>20 - Student</b> If an individual is currently in an educational institution, including, but not limited to, secondary or post-secondary education, trade school, or vocational college, and not involved in any employment activity, they shall be categorized as "student". If an individual is in an educational institution, but also competitively employed or involved in any other type of employment, they shall be categorized in the appropriate employment category.</p> <p><i>(Continued on the next page)</i></p>

## 15. Employment Status

### 24 - Competitively Employed Full-Time

Refers to competitive employment performed in an integrated community setting on a full-time basis (35 or more hours per week) for which an individual is compensated in accordance with the Fair Labor Standards Act; or the individual is in military service. Criteria for competitive employment must include the following three components: pay at minimum wage or higher; a job located in an integrated community setting; and a job that was not set aside for a particular population. Employment may be with or without interventions, assistance, or supports, typically provided by staff of a vocational or other rehabilitation program. The individual may have obtained the job with the assistance of a vocational program or on their own.

### 25 - Competitively Employed Part-Time

Refers to competitive employment performed in an integrated community setting on a part-time basis (less than 35 hours per week) for which an individual is compensated in accordance with the Fair Labor Standards Act; or the individual is in military service. Criteria for competitive employment must include the following three components: pay at minimum wage or higher; a job located in an integrated community setting; and a job that was not set aside for a particular population. Employment may be with or without interventions, assistance, or supports, typically provided by staff of a vocational or other rehabilitation program. The individual may have obtained the job with the assistance of a vocational program or on their own.

### 28 - Other Employment

Refers to employment not otherwise classified as full-time or part-time integrated community employment. This may include, but is not limited to, the following:

- **Work Adjustment Training:** Facility or community based training program that teaches the meaning, value and demands of work, while developing the soft skills needed to obtain competitive employment. Participation in Work Adjustment Training programs is time-limited, with a long-term goal of obtaining competitive employment. Participation in a Work Adjustment Training program is set aside for certain populations and/or other participants of a rehabilitation program.
- **Transitional Employment Placement:** Secured by a vocational agency and set aside for certain populations. Employment is paid and is in an integrated community business setting. Individuals are actual employees of the company, not of the vocational agency. Individuals are paid at least minimum wage and preferably the prevailing rate received by regular company employees for the same job.
- **Homemaker:** When an individual manages their family household, and performs household duties for others, as a principal occupation.

### 29 - Inactive in the Community

Refers to individuals who are not currently employed, looking for work, or involved in any other rehabilitation activity. It may also refer to individuals who are retired or individuals who are inmates of institutions. Use this category only if the individual does not fit in any other category.

<b>Updates</b>	10/01/2018 Field added. 06/27/2019 Valid Values added, XX, Not applicable due to age, 99, Unknown
<b>Examples</b>	A Member works 20 hours per week. <b>Enter 25</b>

16. Dependent Children	
<b>Field Label</b>	SP_WOMAN_DC
<b>Description</b>	Identifies Members who have dependent child(ren). Includes children that have been removed and are in the custody of DCS.
<b>Valid Values</b>	Y - Yes N - No X - Not applicable due to gender/sex
<b>Rules and Definitions</b>	<b>Female Only.</b> If the Member is male, then 'X' is the only accepted value
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member is a woman with a dependent child or children. <b>Enter Y</b>

17. Social Supports of Recovery	
<b>Field Label</b>	SUPPORT_GROUPS_PARTICIPATION
<b>Description</b>	How often did the Member participate in any self-help or recovery groups (such as Alcoholics Anonymous, Narcotics Anonymous, WRAP/WELL, Recovery Center programming, etc.) in the past 30 days?
<b>Valid Values</b>	1 - No attendance in the past month 2 - 1-4 times in past month 3 - 5-12 times in past month 4 - 13-20 times in past month 5 - 21 or more times in past month X - Not involved in any self-help or recovery groups
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional.
<b>Updates</b>	10/01/2018 Field added. 02/01/2019 Added valid value
<b>Examples</b>	The Member has participated in a self-help group 2 times in the past month. <b>Enter 2</b>

18. Military Status	
<b>Field Label</b>	MILITARY_STATUS
<b>Description</b>	Is the Member a current or former Member of the U.S. Army, Army Reserve/National Guard, U.S. Navy, Navy Reserve, U.S. Marine Corps, Marine Corps Reserve, U.S. Air Force OR are they a military family Member?
<b>Valid Values</b>	A - Active Military B - Veteran C - Retired Veteran D - Disabled Veteran (See Rules and Definitions) E - Military Family Member F - No Active or Veteran Military Status G - Unknown (See Rules and Definitions) X - Not applicable due to age (0 through 16 only)
<b>Rules and Definitions</b>	<p><b>D – Disabled Veteran</b>            A veteran whose disability was a result of an injury or disease that was incurred or aggravated while on active duty or active duty for training; or from injury, heart attack, or stroke that occurred during inactive duty training. A disability may apply to physical and mental health conditions.</p> <p><b>G – Unknown</b>            An individual who may not disclose their military status, if any.</p> <p>For individuals age 16 and younger, the only valid values allowed are 'X' and 'E'.</p>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	A Member reports that they are currently serving in the U.S. Army. <b>Enter A</b>  A Member is 15 years old and reports not having a family Member in the military. <b>Enter X</b>

19. CASII Intensity Level	
<b>Field Label</b>	CASII_INTENSITY_LEVEL
<b>Description</b>	<p>The CASII (Children and Adolescent Service Intensity Instrument) applies to children ages 6 thru 17, measuring objective quantifiable criteria for determination of service intensity. It describes an array of services and a level of service intensity rather than a specific treatment setting or program. It does not describe a recommended level of care.</p> <p>The CASII is required as part of the initial assessment. Please refer to <a href="#">AHCCCS Medical Policy Manual</a>, Chapter 320-O, Behavioral Health Assessments and Treatment Service Planning, for specific requirements.</p>
<b>Valid Values</b>	00 - Basic Services for Prevention and Maintenance 01 - Recovery Maintenance and Health Management 02 - Outpatient Services 03 - Intensive Outpatient Services 04 - Intensive Integrated Services without 24-Hour Psychiatric Monitoring 05 - Non-Secure, 24-Hour Services with Psychiatric Monitoring 06 - Secure, 24-Hour Services with Psychiatric Management XX - Not applicable due to age (0-5, 18+)
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.</p> <p>If a Member is age 6 or older and less than age 18, a CASII Intensity Level is required.</p> <p>If a Member is younger than 6 years OR 18 years old or greater CASII Intensity Level must be XX.</p>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	A Member is assessed using the CASII at the time of the initial assessment and is determined to have needs requiring intensive integrated services without 24-hour psychiatric monitoring. <b>Enter 04</b>

20. CASII Intensity Date	
<b>Field Label</b>	CASII_INTENSITY_DATE
<b>Description</b>	<p>The CASII Intensity Date must reflect the date on which the CASII Intensity Level (Field 18) was assessed. The CASII is required as part of the initial assessment. Please refer to <a href="#">AHCCCS Medical Policy Manual</a>, Chapter 320-O, Behavioral Health Assessments and Treatment Service Planning, for specific requirements.</p>
<b>Valid Values</b>	YYYYMMDD Format
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.</p> <p>A valid date value must be provided each time a CASII Intensity Level is provided.</p> <p>Cannot be future date (after date of data submission).</p> <p>If data is submitted via file upload and level the CASII Intensity level is XX, leave all eight (8) spaces blank in place of the date (spaces 50 to 57).</p>
<b>Updates</b>	10/01/2018 Field added. 06/27/2019 Field edit.
<b>Examples</b>	<p>Date is recorded as the 4 digit year, 2 digit month and 2 digit day.</p> <p>A Member's CASII Intensity Level (Field 19) changed on March 26, 2018. <b>Enter 20180326</b></p>



## 21. Substance Use Primary Type

<b>Field Label</b>	SA_PRIMARY_TYPE
<b>Description</b>	The primary psychoactive substance used.
<b>Valid Values</b>	0001 - None 0201 - Alcohol 0302 - Cocaine/Crack (CNS Stimulants) 0401 - Marijuana/Hashish 0501 - Heroin / Morphine (Opiates / Narcotics) 0706 - Other Opiates/Synthetics 0902 - Hallucinogens 1001 - Methamphetamine/Speed (CNS Stimulants) 1201 - Other Stimulants 1308 - Benzodiazepines (CNS Depressants) 1605 - Other Sedatives/Tranquilizers (CNS Depressants) 1703 - Inhalants 2002 - Other Drugs
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.            A signed consent form must be uploaded to the portal <u>before</u> submitting data for this field.</p> <p>If valid value "0001" (None) is used, then:</p> <ul style="list-style-type: none"> <li>Only valid values of "none / no use" will be accepted in Substance Use Primary Fields (21-24), in the Substance Use Secondary Fields (25-28), and in the Substance Use Tertiary Fields (29-32).</li> </ul> <p>If a valid value other than "0001" (None) is entered, then:</p> <ul style="list-style-type: none"> <li>This value may NOT be repeated in Substance Use Secondary Type or Substance Use Tertiary Type (used only once).</li> <li>When entering multiple substance use, Substance Use Primary Type, Substance Use Secondary Type, and Substance Use Tertiary Type must be populated in order.</li> <li>Fields 22-Substance Use Primary Frequency and 23-Substance Use Primary Route cannot be null.</li> </ul>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member's primary substance use has been heroin. <b>Enter 0501</b>

## 22. Substance Use Primary Frequency

<b>Field Label</b>	SA_FREQUENCY_1
<b>Description</b>	The frequency of use of the current primary substance use (Field 21-Substance Use Primary Type).
<b>Valid Values</b>	1 - No use during the past month 2 - 1 – 3 times in past month 3 - 1 – 2 times per week 4 - 3 – 6 times per week 5 - 1 or more times per day 6 - No use during the past 3 months 7 - No use during the past 6 months 8 - No use during the past 12 months
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.            A signed consent form must be uploaded to the portal <u>before</u> submitting data for this field.</p> <p>If "0001" (None) is entered for Substance Use Primary Type (Field 21), then only a valid value "1" will be accepted.</p>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member has been using heroin one time per day for the past month. <b>Enter 5</b>

### 23. Substance Use Primary Route

<b>Field Label</b>	SA_ROUTE_1
<b>Description</b>	The route of administration of the current primary substance use (Field 21-Substance Use Primary Type).
<b>Valid Values</b>	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional. A signed consent form must be uploaded to the portal <u>before</u> submitting data for this field. If "0001" (None) is entered for Substance Use Primary Type (Field 21), then only a valid value "6" will be accepted.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member has been administering heroin via intravenous injection. <b>Enter 4</b>

### 24. Substance Use Primary Age First Use

<b>Field Label</b>	SA_AGE_1
<b>Description</b>	The Member's age at first use of the reported current primary substance use (Field 21- Substance Use Primary Type).
<b>Valid Values</b>	01-99 - Years of age 00 - No use
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional. A signed consent form must be uploaded to the portal <u>before</u> submitting data for this field. If "0001" (None) is entered for Substance Use Primary Type (Field 21), then only a valid value "00" will be accepted.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member began using heroin at age 25. <b>Enter 25</b>

## 25. Substance Use Secondary Type

<b>Field Label</b>	SA_SECONDARY_TYPE
<b>Description</b>	The secondary psychoactive substance used.
<b>Valid Values</b>	<div>           0001 - None            0201 - Alcohol            0302 - Cocaine/Crack (CNS Stimulants)            0401 - Marijuana/Hashish            0501 - Heroin / Morphine (Opiates / Narcotics)            0706 - Other Opiates/Synthetics            0902 - Hallucinogens         </div> <div>           1001 - Methamphetamine/Speed (CNS Stimulants)            1201 - Other Stimulants            1308 - Benzodiazepines (CNS Depressants)            1605 - Other Sedatives/Tranquilizers (CNS Depressants)            1703 - Inhalants            2002 - Other Drugs         </div>
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.            A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field.</p> <p>If valid value "0001" (None) is used in Field 21-Substance Use Primary Type, then:</p> <ul style="list-style-type: none"> <li>Only a valid value "0001" (None) will be accepted.</li> <li>Only valid values of "none / no use" will be accepted in Substance Use Secondary Fields (26-29).</li> </ul> <p>If a valid value other than "0001" (None) is entered, then:</p> <ul style="list-style-type: none"> <li>This value may NOT be repeated in Substance Use Primary Type or Substance Use Tertiary Type (used only once).</li> <li>When entering multiple substance use, Substance Use Primary Type, Substance Use Secondary Type, and Substance Use Tertiary Type must be populated in order.</li> <li>Fields 27-Substance Use Secondary Frequency and 28-Substance Use Secondary Route-cannot be null.</li> </ul>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member's secondary substance use was alcohol. <b>Enter 0201</b>

## 26. Substance Use Secondary Frequency

<b>Field Label</b>	SA_FREQUENCY_2
<b>Description</b>	The frequency of use of the current secondary substance use (Field 25-Substance Use Secondary Type).
<b>Valid Values</b>	<div>           1 - No use during the past month            2 - 1 – 3 times in past month            3 - 1 – 2 times per week            4 - 3 – 6 times per week         </div> <div>           5 - 1 or more times per day            6 - No use during the past 3 months            7 - No use during the past 6 months            8 - No use during the past 12 months         </div>
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.            A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field.</p> <p>If "0001" (None) is entered for Substance Use Secondary Type (Field 25), then only a valid value "1" will be accepted.</p>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member has used alcohol three times in the past month. <b>Enter 2</b>

### 27. Substance Use Secondary Route

<b>Field Label</b>	SA_ROUTE_2
<b>Description</b>	The route of administration of the current secondary substance use (Field 25-Substance Use Secondary Type).
<b>Valid Values</b>	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional. A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field. If "0001" (None) is entered for Substance Use Secondary Type (Field 25), then only a valid value "6" will be accepted.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member has been administering alcohol orally. <b>Enter 1</b>

### 28. Substance Use Secondary Age First Use

<b>Field Label</b>	SA_AGE_2
<b>Description</b>	The Member's age at first use of the reported current secondary substance use (Field 25- Substance Use Secondary Type).
<b>Valid Values</b>	01-99 - Years of age 00 - No use
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional. A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field. If "0001" (None) is entered for Substance Use Secondary Type (Field 25), then only a valid value "00" will be accepted.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member began using alcohol at age 15. <b>Enter 15</b>

### 29. Substance Use Tertiary Type

<b>Field Label</b>	SA_TERTIARY_TYPE
<b>Description</b>	The tertiary psychoactive substance used.
<b>Valid Values</b>	<div>           0001 - None            0201 - Alcohol            0302 - Cocaine/Crack (CNS Stimulants)            0401 - Marijuana/Hashish            0501 - Heroin / Morphine (Opiates / Narcotics)            0706 - Other Opiates/Synthetics            0902 - Hallucinogens         </div> <div>           1001 - Methamphetamine/Speed (CNS Stimulants)            1201 - Other Stimulants            1308 - Benzodiazepines (CNS Depressants)            1605 - Other Sedatives/Tranquilizers (CNS Depressants)            1703 - Inhalants            2002 - Other Drugs         </div>
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.            A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field.</p> <p>If valid value "0001" (None) is used in Field 21-Substance Use Primary Type and Field 25-Substance Use Secondary Type then:</p> <ul style="list-style-type: none"> <li>Only a valid value "0001" (None) will be accepted.</li> <li>Only valid values of "none / no use" will be accepted in fields the Substance Use Tertiary Fields (29-32).</li> </ul> <p>If a valid value other than "0001" (None) is entered, then:</p> <ul style="list-style-type: none"> <li>This value may NOT be repeated in Substance Use Primary Type or Substance Use Secondary Type (used only once).</li> <li>When entering multiple substance use, Substance Use Primary Type, Substance Use Secondary Type, and Substance Use Tertiary Type must be populated in order.</li> <li>Fields 30-Substance Use Tertiary Frequency and 31-Substance Use Tertiary Route cannot be null.</li> </ul>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member's tertiary substance use has been methamphetamine. <b>Enter 1001</b>

### 30. Substance Use Tertiary Frequency

<b>Field Label</b>	SA_TERTIARY_3
<b>Description</b>	The frequency of use of the current tertiary substance use (Field 29-Substance Use Tertiary Type).
<b>Valid Values</b>	<div>           1 - No use during the past month            2 - 1 –3 times in past month            3 - 1 – 2 times per week            4 - 3 – 6 times per week         </div> <div>           5 - 1 or more times per day            6 - No use during the past 3 months            7 - No use during the past 6 months            8 - No use during the past 12 months         </div>
<b>Rules and Definitions</b>	<p>Entry must be ascertained by a clinical professional.            A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field.</p> <p>If "0001" (None) is entered for Substance Use Tertiary Type (Field 29), then only a valid value "1" will be accepted.</p>
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member has used methamphetamine 5 times in the past month. <b>Enter 4</b>

### 31. Substance Use Tertiary Route

<b>Field Label</b>	SA_ROUTE_3
<b>Description</b>	The route of administration of the current tertiary substance use (Field 29-Substance Use Tertiary Type).
<b>Valid Values</b>	1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 6 - No use during the past month
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional. A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field. If "0001" (None) is entered for Substance Use Tertiary Type (Field 29), then only a valid value "6" will be accepted.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member has been administering methamphetamine by smoking. <b>Enter 2</b>

### 32. Substance Use Tertiary Age First Use

<b>Field Label</b>	SA_AGE_3
<b>Description</b>	The Member's age at first use of the reported current tertiary substance use (Field 29- Substance Use Tertiary Type).
<b>Valid Values</b>	01-99 - Years of age 00 - No use
<b>Rules and Definitions</b>	Entry must be ascertained by a clinical professional. A signed consent form must be uploaded to the portal <i>before</i> submitting data for this field. If "0001" (None) is entered for Substance Use Tertiary Type (Field 29), then only a valid value "00" will be accepted.
<b>Updates</b>	10/01/2018 Field added.
<b>Examples</b>	The Member began using methamphetamine at age 28. <b>Enter 28</b>

### 33. Consent Valid (Multiple Records Entry Only)

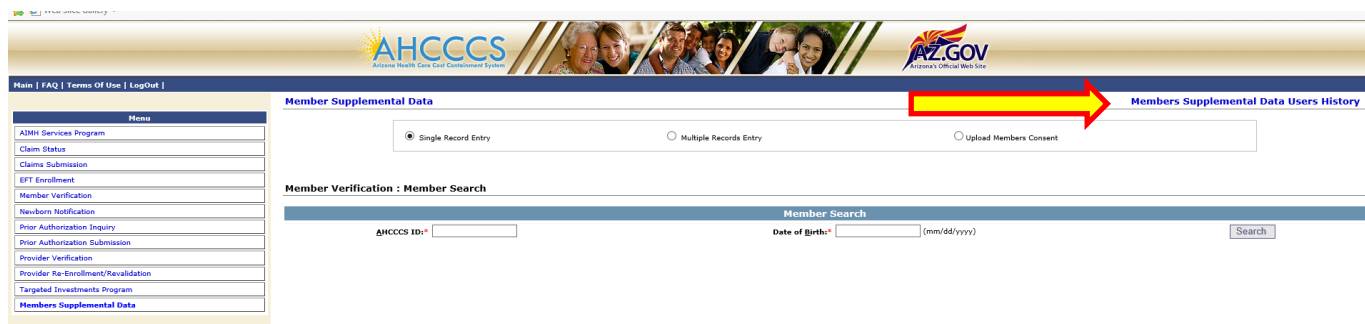
<b>Field Label</b>	CONSENT_VALID
<b>Description</b>	Refers to whether a Substance Use Disorder (SUD) data consent form has been uploaded to the portal prior to record submission.
<b>Valid Values</b>	Y - Yes N - No
<b>Rules and Definitions</b>	Required on all records submitted through Multiple Records Entry (File Upload). If the valid value is No, then the Substance Use Disorder data field/s (21-32) must be None/No Use.
<b>Updates</b>	02/01/2020 Field added
<b>Examples</b>	A Member's consent form has been previously uploaded to the portal. <b>Enter Y</b>



## VI. Members Supplemental Data Users History

### Members Supplemental Data Users History Feature

The Members Supplemental Data Users History feature allows users to look up previous submitted member data. The feature is located on top right of the main page of the portal (Members Supplemental Data Users History).

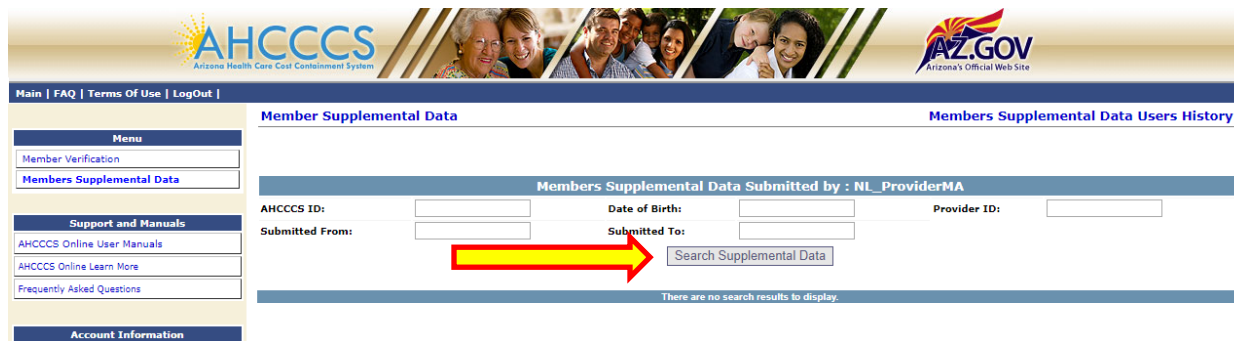


The screenshot shows the AHCCCS portal interface. At the top, there is a navigation bar with links: Main | FAQ | Terms Of Use | LogOut |. Below this is a menu on the left with options like Admin Services Program, Claims Status, Claims Submission, EFT Enrollment, Member Verification, Newborn Notification, Prior Authorization Inquiry, Prior Authorization Submission, Provider Verification, Provider Re-Enrollment/Revalidation, Targeted Investments Program, and Members Supplemental Data. The main content area is titled 'Member Supplemental Data' and includes a 'Member Search' section with fields for AHCCCS ID, Date of Birth, and a Search button. A red arrow points to the 'Members Supplemental Data Users History' link in the top right corner.

Data can be looked up by entering any one of the following fields, then click on 'Search Supplemental Data':

- AHCCCS ID
- Date of Birth
- Provider ID
- Submitted From (Date)
- Submitted To (Date)

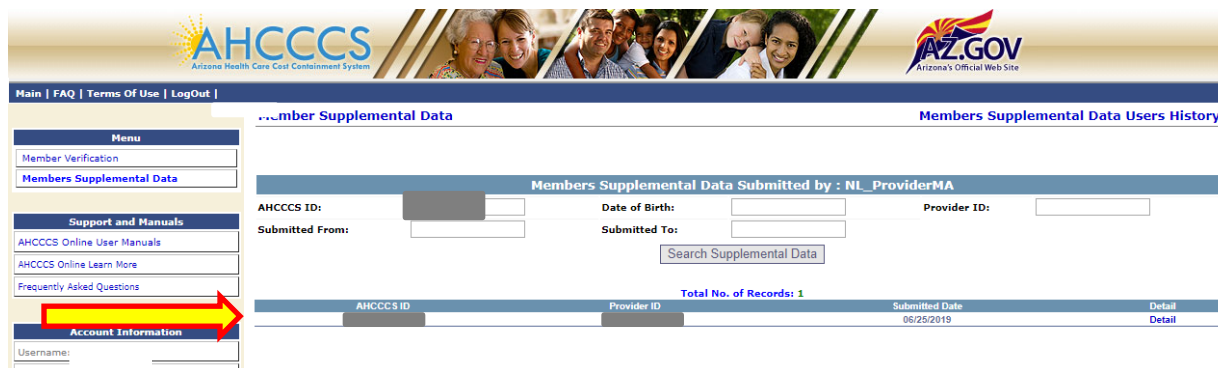
If no fields are entered, the last 1,000 records submitted by the user will appear.



The screenshot shows the 'Members Supplemental Data Submitted by' search results. The search criteria are: AHCCCS ID: [blank], Date of Birth: [blank], Provider ID: [blank], Submitted From: [blank], Submitted To: [blank]. A red arrow points to the 'Search Supplemental Data' button. Below the search criteria, it says 'There are no search results to display.'

Any records submitted by the user for that member will appear below:

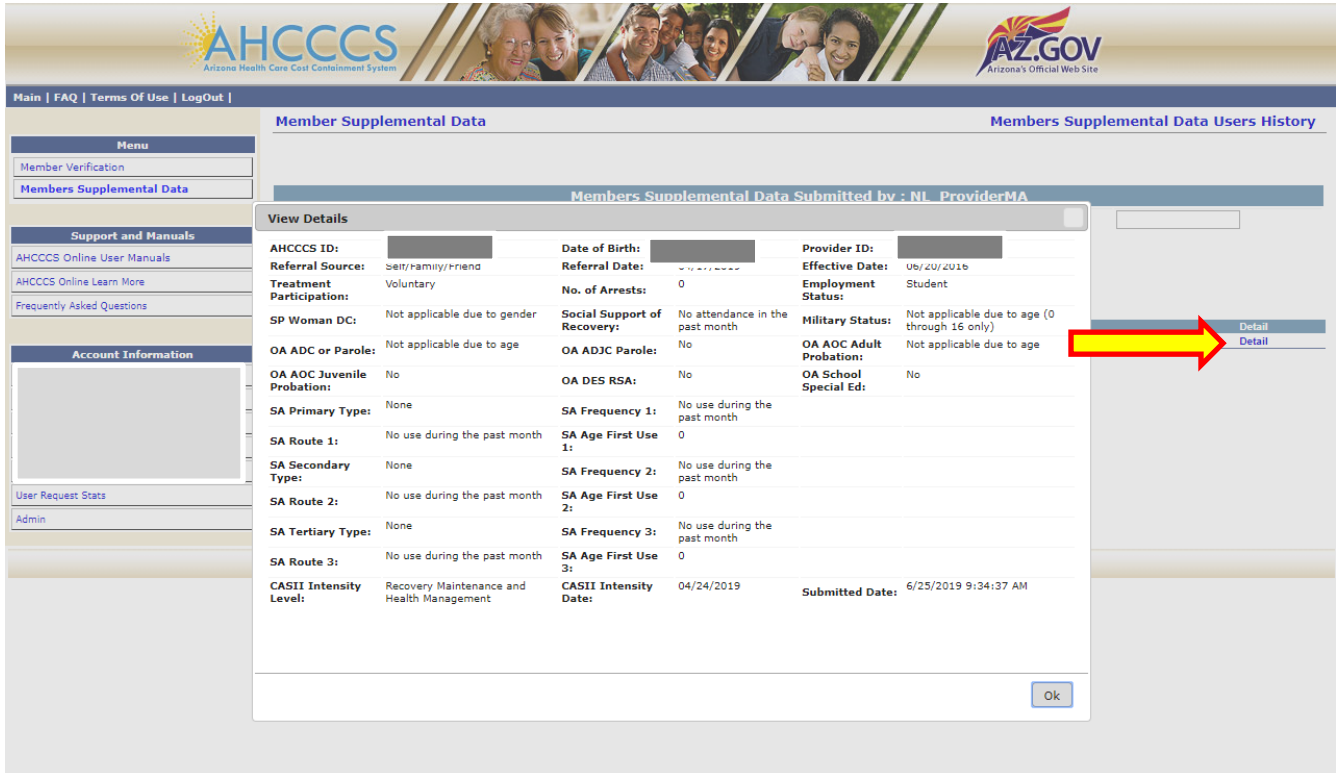
The search is limited to 1,000 records, if search returns more than 1,000 records, user will be asked to filter their search.



The screenshot shows the 'Members Supplemental Data Submitted by' search results. The search criteria are: AHCCCS ID: [blank], Date of Birth: [blank], Provider ID: [blank], Submitted From: [blank], Submitted To: [blank]. A red arrow points to the 'Search Supplemental Data' button. Below the search criteria, it says 'Total No. of Records: 1'. A table displays the results:

AHCCCS ID	Provider ID	Submitted Date	Detail
[redacted]	[redacted]	06/25/2019	Detail

To see the details of the record, click on 'Detail' and a window will pop up with the details of the record selected, including the Submitted Date (bottom right):



The screenshot displays the AHCCCS DUGless Portal interface. The main content area shows 'Member Supplemental Data' for a user named 'NL ProviderMA'. A 'View Details' pop-up window is open, displaying a table of member information. A red arrow points to the 'Detail' link in the top right corner of the pop-up window.

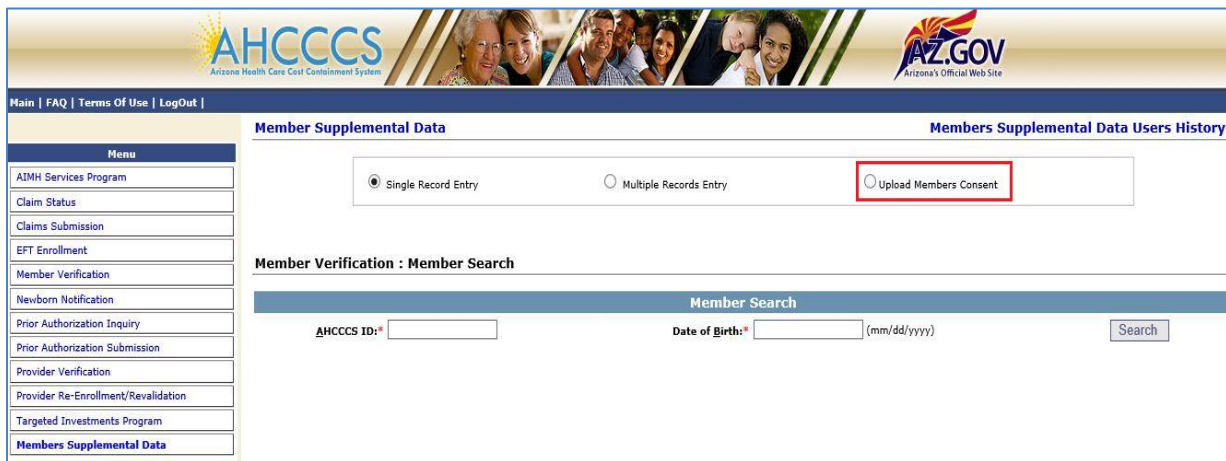
Members Supplemental Data Submitted by : NL ProviderMA			
<b>View Details</b>			
AHCCCS ID:		Date of Birth:	
Referral Source:	Self/rammy/rriend	Referral Date:	04/24/2019
Treatment Participation:	Voluntary	No. of Arrests:	0
SP Woman DC:	Not applicable due to gender	Social Support of Recovery:	No attendance in the past month
OA ADC or Parole:	Not applicable due to age	OA ADJC Parole:	No
OA AOC Juvenile Probation:	No	OA DES RSA:	No
SA Primary Type:	None	SA Frequency 1:	No use during the past month
SA Route 1:	No use during the past month	SA Age First Use 1:	0
SA Secondary Type:	None	SA Frequency 2:	No use during the past month
SA Route 2:	No use during the past month	SA Age First Use 2:	0
SA Tertiary Type:	None	SA Frequency 3:	No use during the past month
SA Route 3:	No use during the past month	SA Age First Use 3:	0
CASII Intensity Level:	Recovery Maintenance and Health Management	CASII Intensity Date:	04/24/2019
		Submitted Date:	6/25/2019 9:34:37 AM

## VII. Substance Use Disorder Data Consent

### Substance Use Disorder Data (SUD) Consent

Per HIPAA Part 2 requirements, a **signed consent form** is required to be uploaded to the portal for each member, per provider, and before SUD data (Fields 21 thru 32) is submitted for any member. There is not a specific form required, providers may use consent forms already in use, as long as they are signed and current. A consent form is not required to be uploaded for every record submitted, only for members with SUD data in their records.

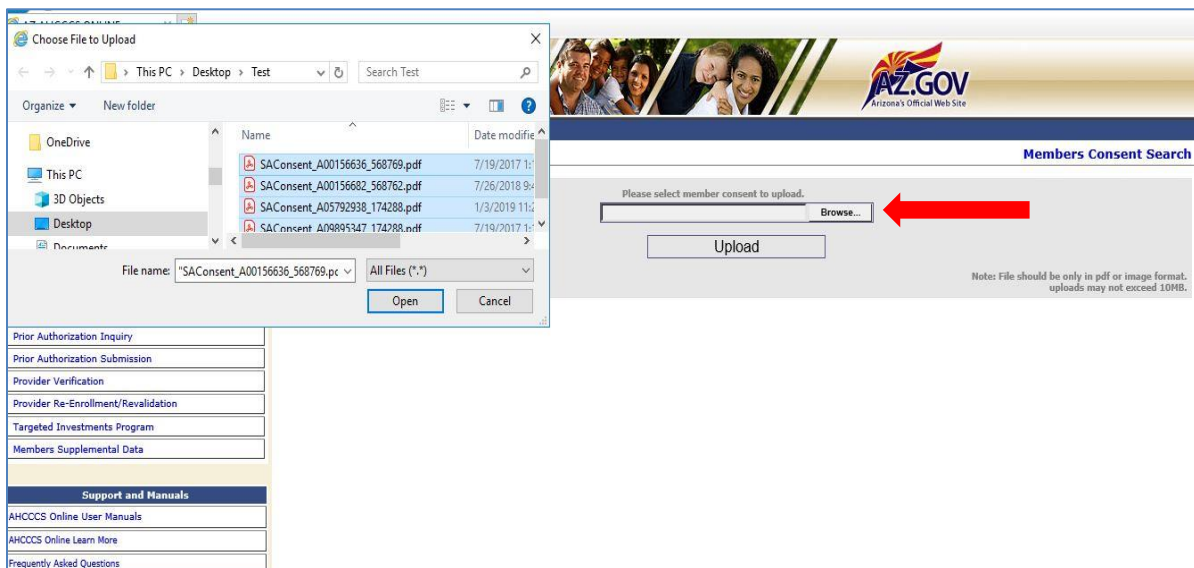
The portal has a feature where consent forms may be uploaded, reviewed, and revoked. This feature is located on the main page of the Member Supplemental Data (DUGless Portal), under 'Upload Member Consent.'



The screenshot shows the AHCCCS Member Supplemental Data portal. The 'Upload Members Consent' option is highlighted with a red box. The portal includes a menu on the left with options like 'AIMH Services Program', 'Claim Status', 'Claims Submission', 'EFT Enrollment', 'Member Verification', 'Newborn Notification', 'Prior Authorization Inquiry', 'Prior Authorization Submission', 'Provider Verification', 'Provider Re-Enrollment/Revalidation', 'Targeted Investments Program', and 'Members Supplemental Data'. The main content area has a 'Member Verification : Member Search' section with fields for 'AHCCCS ID' and 'Date of Birth' (mm/dd/yyyy) and a 'Search' button. The 'Upload Members Consent' option is located in the 'Members Supplemental Data Users History' section.

### To Upload Consent Forms

To upload a member's SUD consent form, click on 'Upload Member Consent' in the portal. Click on 'Browse' to select file(s). Once consent form files are selected, click 'Open' to select. Next click on 'Upload' to submit consent form files.



The screenshot shows the AHCCCS Member Consent Search portal. A file upload dialog box is open, showing the 'Choose File to Upload' window. The dialog box displays a list of files in the 'Documents' folder, including 'SAConsent\_A00156636\_568769.pdf', 'SAConsent\_A00156682\_568762.pdf', 'SAConsent\_A05792938\_174288.pdf', and 'SAConsent\_A1989547\_174788.niff'. The 'File name' field shows 'SAConsent\_A00156636\_568769.pdf'. The 'Upload' button is highlighted with a red arrow. The portal interface shows the 'Members Consent Search' section with a 'Please select member consent to upload.' message and a 'Browse...' button. A note at the bottom states: 'Note: File should be only in pdf or image format, uploads may not exceed 10MB.'

**More than one consent form files can be selected to be uploaded at one time, but forms cannot be combined into one file.**

The consent form files must abide by the following rules:

- File name rule: SAConsent\_(member's AHCCCS ID)\_(Provider ID).extension
  - Example: SAConsent\_A12345678\_123456.pdf
- Permitted file types: PDFs and various image file formats such as .JPG, .BMP, \*.PNG, etc.
- The combined size of the consent form files uploaded at one time cannot exceed **10 MB**.

Once file(s) are uploaded successfully, the following message will be displayed:



Main | FAQ | Terms Of Use | LogOut |

Members Supplemental Data
 Members Consent Search

Menu

AIMH Services Program  
 Claim Status  
 Claims Submission  
 EFT Enrollment  
 Member Verification  
 Newborn Notification  
 Prior Authorization Inquiry  
 Prior Authorization Submission

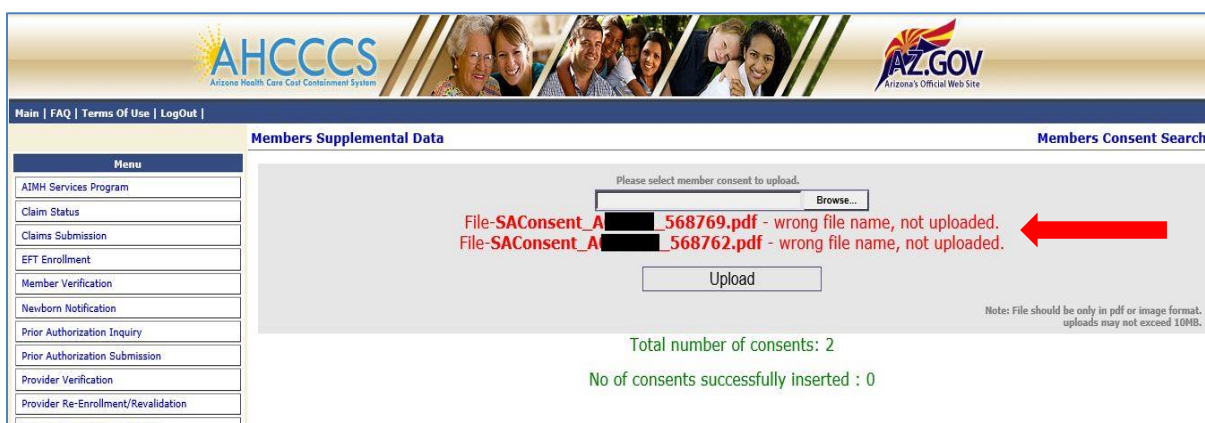
Please select member consent to upload.  
 Browse...

Note: File should be only in pdf or image format, uploads may not exceed 10MB.

Total No. of consents: 4  
 No of consents successfully inserted : 4

If files are not uploaded successfully, an error message will display (see below).

Any file that produces an error will not be saved in the portal.



Main | FAQ | Terms Of Use | LogOut |

Members Supplemental Data
 Members Consent Search

Menu

AIMH Services Program  
 Claim Status  
 Claims Submission  
 EFT Enrollment  
 Member Verification  
 Newborn Notification  
 Prior Authorization Inquiry  
 Prior Authorization Submission  
 Provider Verification  
 Provider Re-Enrollment/Revalidation

Please select member consent to upload.  
 Browse...

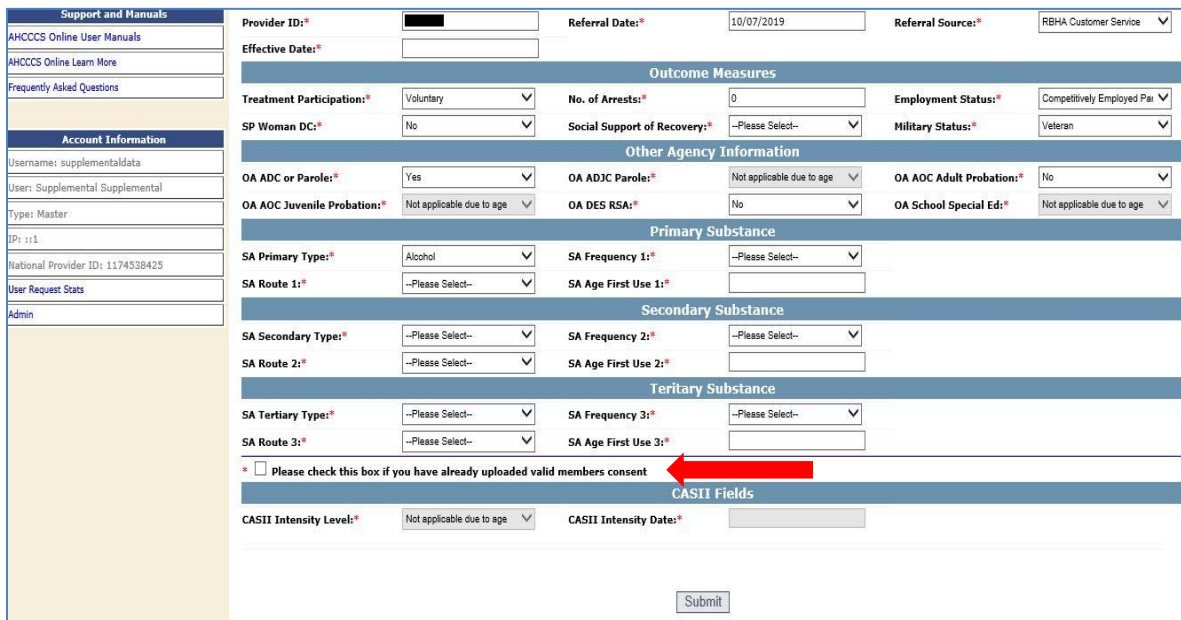
File-SAConsent\_A[REDACTED]\_568769.pdf - wrong file name, not uploaded.  
 File-SAConsent\_A[REDACTED]\_568762.pdf - wrong file name, not uploaded.

Note: File should be only in pdf or image format, uploads may not exceed 10MB.

Total number of consents: 2  
 No of consents successfully inserted : 0

### Consent Verification: Single Record Submissions

When substance use disorder data is entered under a single record entry, the user must click on the check box under the Tertiary Substance Use fields.



**Support and Manuals**

- AHCCCS Online User Manuals
- AHCCCS Online Learn More
- Frequently Asked Questions

**Account Information**

Username: supplementaldata  
 User: Supplemental Supplemental  
 Type: Master  
 IP: 1:1  
 National Provider ID: 1174538425  
 User Request Stats  
 Admin

**Provider ID:** [Redacted] **Referral Date:** 10/07/2019 **Referral Source:** RBHA Customer Service

**Effective Date:** [Redacted]

**Outcome Measures**

**Treatment Participation:** Voluntary **No. of Arrests:** 0 **Employment Status:** Competitively Employed Part Time  
**SP Woman DC:** No **Social Support of Recovery:** Please Select **Military Status:** Veteran

**Other Agency Information**

**OA ADC or Parole:** Yes **OA ADJC Parole:** Not applicable due to age **OA AOC Adult Probation:** No  
**OA AOC Juvenile Probation:** Not applicable due to age **OA DES RSA:** No **OA School Special Ed:** Not applicable due to age

**Primary Substance**

**SA Primary Type:** Alcohol **SA Frequency 1:** Please Select  
**SA Route 1:** Please Select **SA Age First Use 1:** [Redacted]

**Secondary Substance**

**SA Secondary Type:** Please Select **SA Frequency 2:** Please Select  
**SA Route 2:** Please Select **SA Age First Use 2:** [Redacted]

**Tertiary Substance**

**SA Tertiary Type:** Please Select **SA Frequency 3:** Please Select  
**SA Route 3:** Please Select **SA Age First Use 3:** [Redacted]

☐ Please check this box if you have already uploaded valid members consent

**CASII Fields**

**CASII Intensity Level:** Not applicable due to age **CASII Intensity Date:** [Redacted]

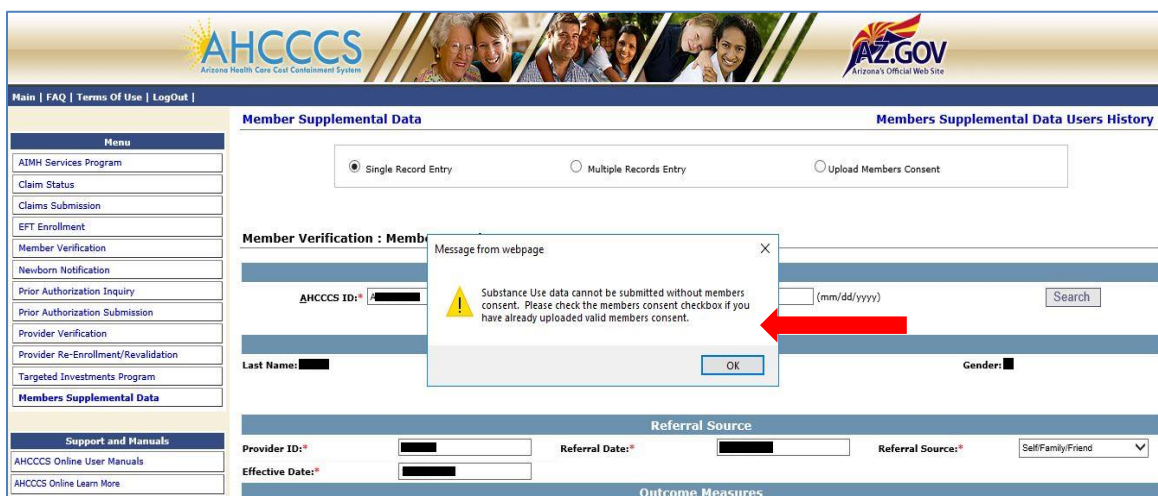
**Submit**

When the record is submitted, the portal will verify that a consent form was previously uploaded for the member, if a consent form is found, the record will be accepted successfully.

Records without SUD data and/or no consent form will be accepted, but must select 'None' for the 'SA Primary Type' field.

If SUD data is submitted and the check box is not checked, the following message will pop up when the record is submitted:

*'Substance Use data cannot be submitted without the member's consent. Please check the member's consent checkbox if you have already uploaded a valid member consent.'*



**AHCCCS**  
 Arizona Health Care Cost Containment System

**AZ.GOV**  
 Arizona's Official Web Site

**Main | FAQ | Terms Of Use | LogOut |**

**Member Supplemental Data**

**Members Supplemental Data Users History**

**Menu**

- ADH Services Program
- Claim Status
- Claims Submission
- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Provider Re-Enrollment/Revalidation
- Targeted Investments Program
- Members Supplemental Data

**Single Record Entry** **Multiple Records Entry** **Upload Members Consent**

**Member Verification : Member**

**AHCCCS ID:** [Redacted] **(mm/dd/yyyy)** **Search**

**Last Name:** [Redacted] **Gender:** [Redacted]

**Referral Source**

**Provider ID:** [Redacted] **Referral Date:** [Redacted] **Referral Source:** Self/Family/Friend

**Effective Date:** [Redacted]

**Outcome Measures**

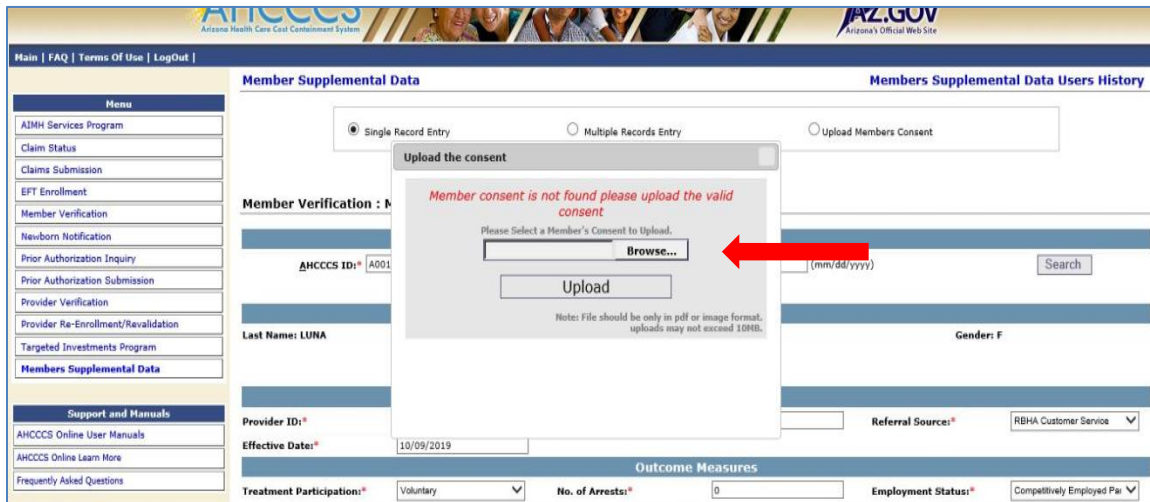
**Message from webpage**

**Substance Use data cannot be submitted without members consent. Please check the members consent checkbox if you have already uploaded valid members consent.**

**OK**



If SUD data is submitted and the check box is checked, but there no consent form found in the portal, the following window will pop up when record is submitted, allowing a user to upload consent form file before submitting the record.



**Member Supplemental Data**

Single Record Entry | Multiple Records Entry | Upload Members Consent

**Member Verification :** N

AHCCCS ID: A001

Last Name: LUNA

Provider ID: 10/09/2019

Effective Date: 10/09/2019

Referral Source: RBHA Customer Service

**Outcome Measures**

Treatment Participation: Voluntary | No. of Arrests: 0 | Employment Status: Competitively Employed Par

**Upload the consent**

Member consent is not found please upload the valid consent

Please Select a Member's Consent to Upload.

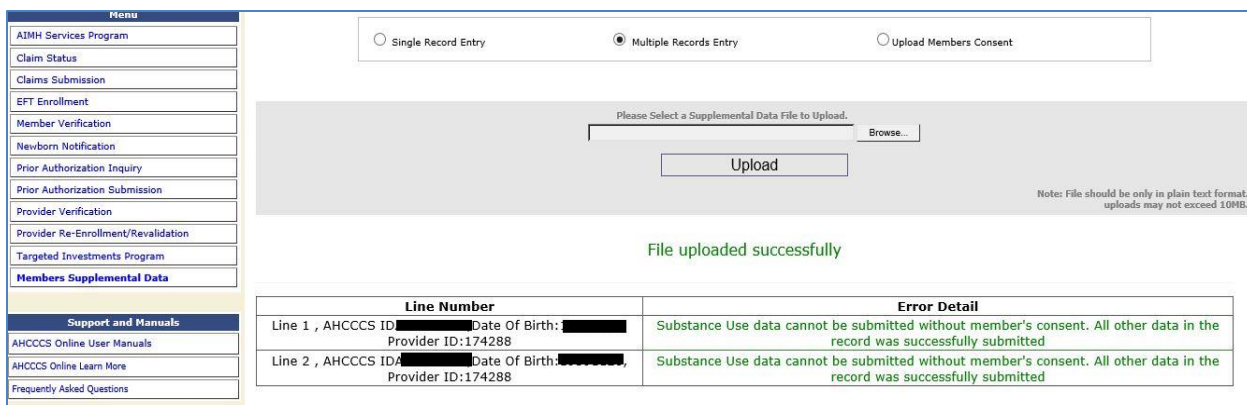
Browse...

Upload

Note: File should be only in pdf or image format, uploads may not exceed 10MB.

## Consent Verification: File Upload Submissions

When substance use disorder data is submitted through the multiple records entry, the field 'CONSENT\_VALID' must have a value of 'Y' (Yes), indicating that a consent form was previously uploaded to the portal. Once the file is uploaded, the portal will verify that a consent form was uploaded. If a consent form is not found, the portal will display a message, under 'Error Detail' and all other data in the record will be submitted successfully.



Single Record Entry | Multiple Records Entry | Upload Members Consent

Please Select a Supplemental Data File to Upload.

Browse...

Upload

Note: File should be only in plain text format, uploads may not exceed 10MB.

**File uploaded successfully**

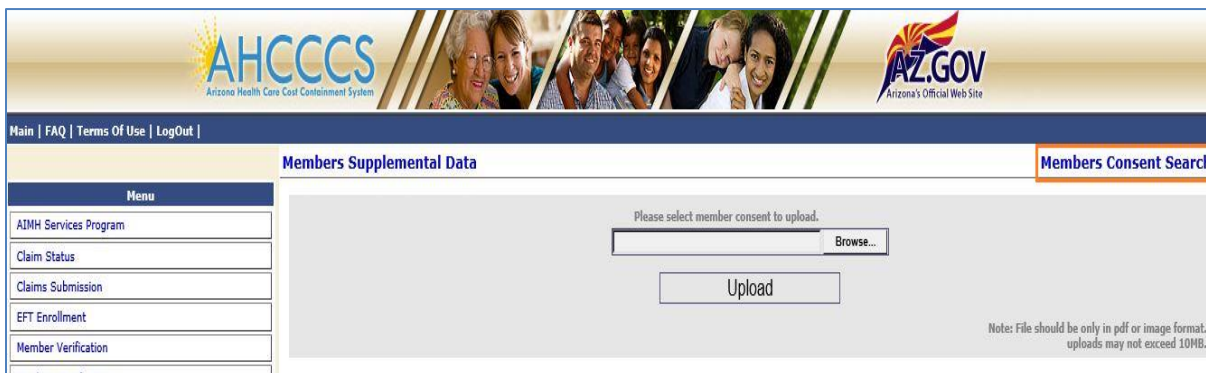
Line Number	Error Detail
Line 1 , AHCCCS ID: [REDACTED] Date Of Birth: [REDACTED] Provider ID:174288	Substance Use data cannot be submitted without member's consent. All other data in the record was successfully submitted
Line 2 , AHCCCS ID: [REDACTED] Date Of Birth: [REDACTED] Provider ID:174288	Substance Use data cannot be submitted without member's consent. All other data in the record was successfully submitted

In order to submit rejected substance use disorder data, a consent form must be uploaded first, and then the entire record can be re-submitted.

If no substance use disorder data will be submitted with the record, the consent field should have a value of 'N' (No) and the SUD data fields must have all values of 'None/No Use'.

### Member Verification: Member Consent Search and Consent Revocation

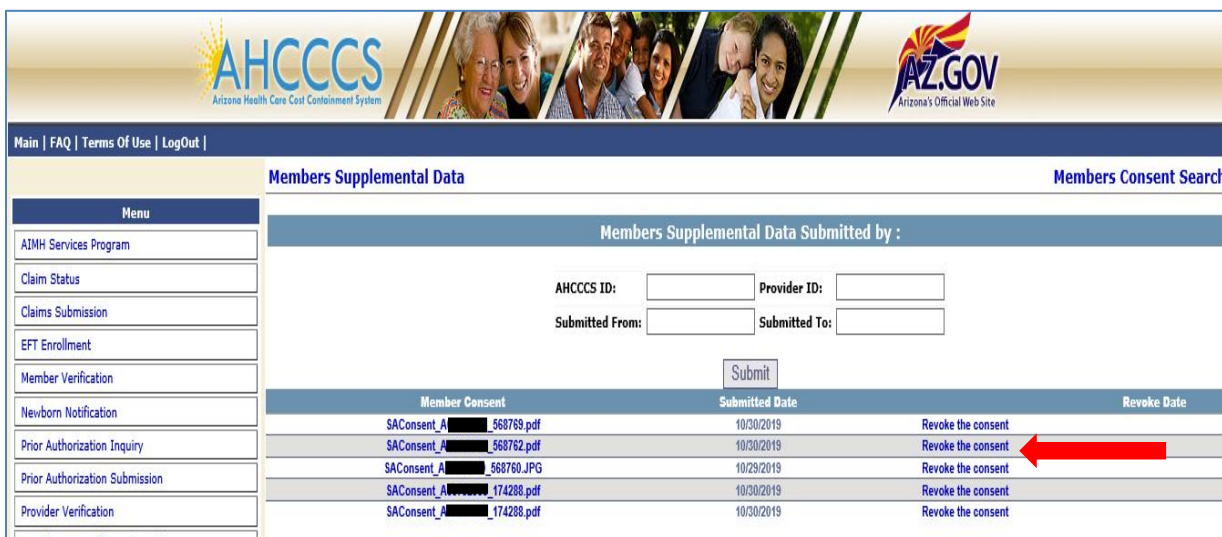
Under the 'Upload Member Consent' page, users may search for previously submitted consent forms, as well as, revoke previously submitted consent forms. To search for consent, click on 'Member Consent Search' on the top right of the 'Upload Member Consent' page.



Members consent forms can be searched by using any of the following criteria: AHCCCS ID, Provider ID, Submitted From (date) or Submitted To (date). Only consent forms submitted by the user will appear in the search.



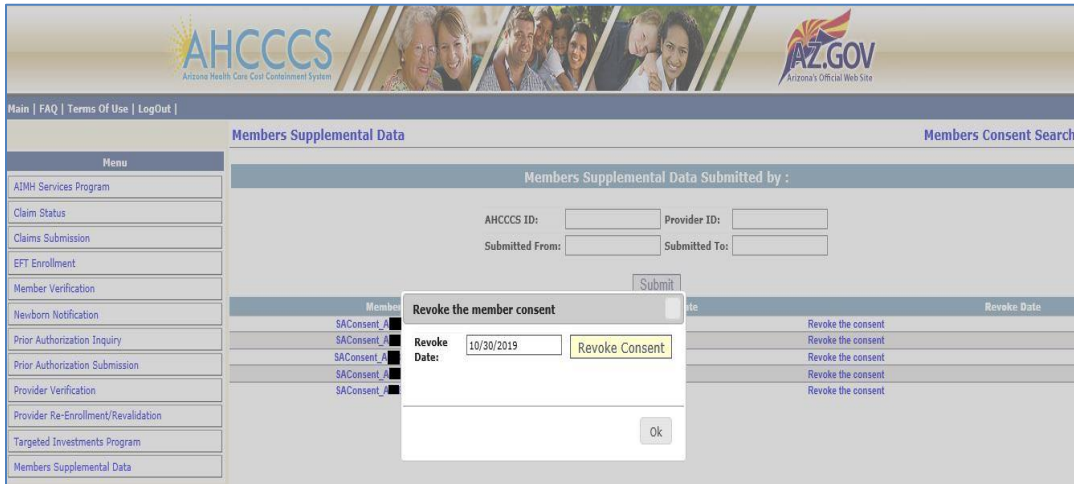
The results will appear under the search criteria. This is also where previously submitted consents may be revoked by clicking 'Revoke the consent' on the selected consent form.



Member Consent	Submitted Date	Revoke Date
SAConsent_A [redacted] 568769.pdf	10/30/2019	Revoke the consent
SAConsent_A [redacted] 568762.pdf	10/30/2019	Revoke the consent
SAConsent_A [redacted] 568760.JPG	10/29/2019	Revoke the consent
SAConsent_A [redacted] 174288.pdf	10/30/2019	Revoke the consent
SAConsent_A [redacted] 174288.pdf	10/30/2019	Revoke the consent

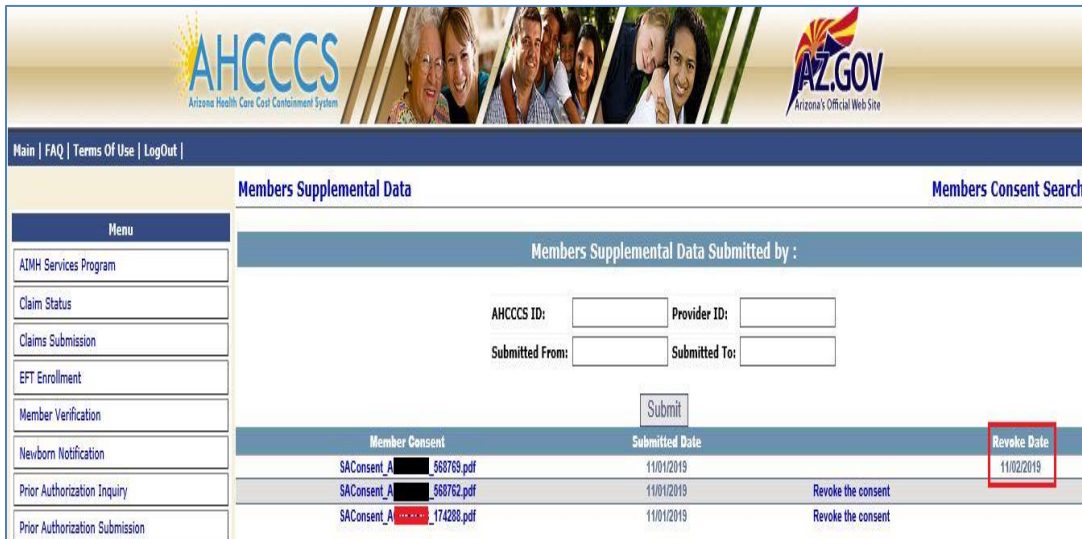


When the consent form is selected to be revoked, a revoke date must be entered. This date must be a current or future date only.



The screenshot shows the AHCCCS DUGless Portal interface. On the left is a menu with options like 'AIMH Services Program', 'Claim Status', 'Claims Submission', 'EFT Enrollment', 'Member Verification', 'Newborn Notification', 'Prior Authorization Inquiry', 'Prior Authorization Submission', 'Provider Verification', 'Provider Re-Enrollment/Revalidation', 'Targeted Investments Program', and 'Members Supplemental Data'. The main area is titled 'Members Supplemental Data' and 'Members Consent Search'. It contains a form for 'Members Supplemental Data Submitted by:' with fields for 'AHCCCS ID:', 'Provider ID:', 'Submitted From:', and 'Submitted To:'. A 'Submit' button is below these fields. A modal dialog box titled 'Revoke the member consent' is open, showing a 'Revoke Date:' field with the value '10/30/2019' and a 'Revoke Consent' button. An 'Ok' button is at the bottom of the dialog.

The revoke date entered will appear under 'Revoke Date' in future searches.



The screenshot shows the AHCCCS DUGless Portal interface. On the left is a menu with options like 'AIMH Services Program', 'Claim Status', 'Claims Submission', 'EFT Enrollment', 'Member Verification', 'Newborn Notification', 'Prior Authorization Inquiry', 'Prior Authorization Submission', 'Provider Verification', 'Provider Re-Enrollment/Revalidation', 'Targeted Investments Program', and 'Members Supplemental Data'. The main area is titled 'Members Supplemental Data' and 'Members Consent Search'. It contains a form for 'Members Supplemental Data Submitted by:' with fields for 'AHCCCS ID:', 'Provider ID:', 'Submitted From:', and 'Submitted To:'. A 'Submit' button is below these fields. Below the form is a table with the following columns: 'Member Consent', 'Submitted Date', and 'Revoke Date'. The table contains three rows of data:

Member Consent	Submitted Date	Revoke Date
SAConsent_A [redacted] 568769.pdf	11/01/2019	11/02/2019
SAConsent_A [redacted] 568762.pdf	11/01/2019	Revoke the consent
SAConsent_A [redacted] 174288.pdf	11/01/2019	Revoke the consent

## VIII. Document Revision History

Version	Effective Date	Revision Type	Revision Section	Revision Reason/Description
1.5	02/2019	Field Value Added	V. Portal Data Fields	Field 16 – Social Supports of Recovery, Added valid value: X - Not involved in any self-help or recovery groups
1.6	06/2019	Field Added	V. Portal Data Fields	Added Field 6 – Effective Date added <b>only</b> to Single Case Data Submissions
1.6	06/2019	Field Value Added	V. Portal Data Fields	Field 15 – Employment Status, added field value of 'XX' - Not applicable due to age for members less than 5 years old
1.6	06/2019	Feature Added	VI. Members Supplemental Data Users History Feature	New feature added to portal to look up previously submitted member data by the user
1.6	06/2019	Field Validation	V. Portal Data Fields	Cannot enter a future date (after date of data submission) on any of the date fields: Field 3 – Date of Birth, Field 4 – Referral Date, , Field 6 – Effective Date, Field 20 – CASII Date
1.6	06/2019	Field Validation	V. Portal Data Fields	<p>Age and Gender Validations added to the following fields, based on the Data Fields descriptions, which will auto populate in Single Case Submissions and be validated in File Upload Submissions:</p> <p>Field 9- OA_ADC or Parole: If the member is less than 18 years old, only option is "X - Not applicable due to age"</p> <p>Field 10- OA_ADJC Parole: If the member age is 18 or older, only option is "X - Not applicable due to age"</p> <p>Field 11- OA_AOC_ADULT Probation: If the member is less than 18 years old, only option is "X - Not applicable due to age"</p> <p>Field 12- OA_AOC_JUVENILE Probation: If the member age is 18 or older, only option is "X - Not applicable due to age"</p> <p>Field 15- Employment Status: If member is less than 5 years old, only option is "XX – Not applicable due to age"</p> <p>Field 14- OA_School_Special Education: If a member is less than 3 years old or older than 21, only option is "X – Not applicable due to age"</p> <p>Field 16- SP_Woman Dependent Children: If a member is a male, only option is "X- Not applicable due to gender"</p> <p>Field 18- Military Status: If a member is between 0 and 16 years old, only option is "X-Not applicable due to age"</p> <p>Field 19- CASII Intensity Level: For members 0 to 5 or 18 and older, only option "XX –Not applicable due to age"</p> <p>Field 20– CASII Date: For members 0 to 5 or 18 and older, field will be locked in Single Case Submission or should be left blank/spaces in File Upload Submissions</p>

## DUGless Portal Guide

Version	Effective Date	Revision Type	Revision Section	Revision Reason/Description
2.0	2/2020	Field Added	IV. Guidelines for File Upload Submissions	Added Field 6 – Effective Date added <b><u>only</u></b> to File Upload Submissions
2.0	2/2020	Feature Added	VII. Substance Use Disorder Data Consent	New feature added that requires a consent form to be uploaded to the portal before SUD data fields (Fields 21 – 32) are submitted.